CITY OF BIRMINGHAM

REPORT OF THE MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1967

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MEMBERS OF THE HEALTH COMMITTEE
Municipal Year, 1967-68

Chairman Councillor E. J. Franklin
(Chairman of Staff and Staff Discipline Sub-Committee)

The Lord Mayor (Alderman J. S. Meadows, O.B.E., J.P.)

Alderman W. T. Bowen, J.P.

Alderman Mrs. A. F. Wood, C.B.E., J.P.

Councillor F. E. R. Bagshaw

Councillor Mrs. H. M. Barradell
(Chairman of Maternity and Child Welfare Sub-Committee)

Councillor Mrs. M. A. Brown, J.P.

Councillor J. D. Bryant

Councillor D. R. Bull

Councillor Mrs. J. Cole

Councillor J. A. Davis, J.P.

Councillor D. F. Dray

Councillor H. Edwards
(Chairman of Mental Health Sub-Committee)

Councillor Mrs. E. Finney

Councillor Dr. W. L. Gordon

Councillor K. G. Hardeman

Councillor D. F. J. Henri

Councillor Mrs. J. D. Jackson

Councillor Mrs. C. B. Reynolds

Councillor H. N. Scrimshaw

Councillor L. J. Sprigg

Councillor J. T. Webster

Councillor Miss S. R. R. Wright

SUB-COMMITTEES OF THE HEALTH COMMITTEE

Maternity and Child Welfare Sub-Committee:

Chairman—Councillor Mrs. H. M. Barradell

Councillors F. E. R. Bagshaw, Mrs. M. A. Brown, J. D. Bryant, J. A. Davis, Mrs. E. Finney, E. J. Franklin, W. L. Gordon, K. G. Hardeman, Mrs. C. B. Reynolds, H. N. Scrimshaw, J. T. Webster.

Responsibilities:

The Public Health Act in so far as it relates to the inspection of Nursing Homes, Nursing Homes Act 1963; The National Health Service Act, Section 22 Care of Mothers and Young Children, Section 23 Midwifery, Section 24 Health Visiting, Section 25 Home Nursing, Section 28 Prevention of Illness, Care and After-Care (Care of the Aged), Section 29 Domestic Help; and all matters relating to Maternity and Child Welfare contained in other enactments.

Meetings bi-monthly.

Mental Health Sub-Committee:

Chairman—Councillor H. Edwards

Alderman Mrs. A. F. Wood.

Councillors F. E. R. Bagshaw, D. R. Bull, Mrs. J. Cole, D. F. Dray, E. J. Franklin, D. F. J. Henri, Mrs. J. D. Jackson, J. T. Webster, Miss S. R. R Wright.

Responsibilities:

The National Health Service Act, Section 28 (Prevention of Illness, Care and After-Care related to Mental Health) and Mental Health Act, 1959; Nursing Homes Act, 1963.

Meetings bi-monthly.

Staff and Staff Discipline Sub-Committee:

Chairman—Councillor E. J. Franklin.

Alderman W. T. Bowen, Councillors Mrs. H. M. Barradell, Mrs. M. A. Brown, H. Edwards.

Meetings at call of Chairman.

Other Committees of the City Council Concerned with Matters of Public Health and the Social Services

Baths Committee (provision of bathing establishments)

Children's Committee (care of deprived children and adoption)

Education Committee (administration on behalf of Health Committee of junior special training centres and senior special training centre for females)

Finance Committee and also the General Purposes Committee (financial provisions of the various enactments)

Fire Brigade Committee (Ambulance Service on an agency basis)

House Building Committee (erection of houses)

Housing Management Committee (slum clearance and management of municipal houses)

Markets and Fairs Committee (regulation, control and management of markets and fairs)

Public Works Committee (*inter alia* in charge of all works in connection with public drains and sewers, paving, surfacing and maintenance of streets and roads, the lighting and cleansing of highways, etc.)

Salvage Committee (refuse disposal)

Water Committee (provision of the City's water supply)

Welfare Committee (provision of services under the National Assistance Acts, 1948 and 1951)

STAFF OF THE PUBLIC HEALTH DEPARTMENT AS AT 31st DECEMBER, 1967

Medical Officer of Health:
E. L. M. Millar, M.Sc., M.D., Ch.B., D.P.H.

Deputy Medical Officer of Health:
W. Nicol, M.B., Ch.B., D.P.H.

Secretary-Accountant:
C. C. Bateman, F.C.A., F.C.C.S.

Administrative Medical Officers of Health:
D. F. Mahon, M.B., B.Ch., B.A.O., D.P.H., B.Sc.(Public Health), L.M.
S. G. Phillips, M.B., Ch.B., D.T.M. and H., D.Obst., R.C.O.G., D.P.H.

Deputy to Administrative Medical Officer of Health for Maternity and Child Welfare:
K. C. Pasi, M.B., B.S., D.P.H.

Deputy to Administrative Medical Officer of Health for General Purposes:
Post Vacant

Medical Superintendent for Nurseries and Deprived Children:
Post Vacant
M. Harrison, M.B., B.S.(Lond.), L.R.C.P., M.R.C.S. occupying post temporarily

Assistant Administrative Medical Officer for Maternity and Child Welfare and Nurseries
Post Vacant

Senior Assistant Medical Officer for Maternity and Child Welfare and Mental Health
O. C. Furlong, M.B., Ch.B., D.C.H.

Assistant Administrative Medical Officer of Health for Maternity and Child Welfare
J. C. Aidney, M.B., Ch.B.

Medical Officer for B.C.G. Vaccination:
Post Vacant

Medical Officer for Staff Welfare:
J. J. Landon, M.A., M.B., B.Chir. (Cantab.), M.R.C.S. (Eng.), L.R.C.P. (Lond.)

Principal Dental Officer:
F. J. Hastilow, L.D.S.

City Analyst:
A. H. Coombes, B.Sc., F.R.I.C.

Chief Veterinary Officer:
W. S. Davison, M.R.C.V.S., D.V.S.M., F.R.S.H.

Chief Public Health and Housing Inspector
E. N. Wakelin, O.B.E., F.R.S.H., F.A.P.H.I.

Chief Air Pollution and Noise Abatement Inspector
S. C. Beaumont, M.I.Mar.E., M.R.S.H., M.A.P.H.I.

SECRETARIAL AND ACCOUNTANCY

Secretary-Accountant	1
Assistant Secretary	1
Administrative Assistant	1
Deputy Accountant	1
Assistant Accountant	1
Staff Officer	1
Steward	1
Administrative, Accountancy and Clerical Staff	104

MATERNITY AND CHILD WELFARE

Administrative Medical Officer of Health	1
Deputy Administrative Medical Officer of Health	Post Vacant
Medical Superintendent for Nurseries and Deprived Children	1
Assistant Administrative Medical Officers of Health	2
Assistant Medical Officers for Maternity and Child Welfare (Clinical Medical Officers) (6 full-time, 6 part-time)	12

Health Visitors and Associated Staff

Superintendent	1
Deputy Superintendent	1
Assistant Superintendent (Geriatric Services)	1

	Full-time	*Part-time*
Health Visitors	133	19
Health Visitors (Unmarried Mothers)	1	1
Health Visitors (Geriatric)	3	4
Student Health Visitors	16	—
Clinic Nurses	3	13
Chiropodists	—	6
Physiotherapists	—	7
Psychiatrist	—	1

Midwives

Supervisors	2
Assistant Supervisors	2
Midwives (full-time 130, part-time 17)	147

Day Nurseries

Senior Supervisor of Day Nurseries	1
Supervisors of Day Nurseries	2
Nursery Nurses and other professional staff	270

Home Nursing Service

Superintendent of Home Nursing Service	1
Deputy Superintendent of Home Nursing Service	1
Nursing Staff (full-time 175, part-time 33)	208

Dental

Principal Dental Officer	1
Senior Dental Officer	1
Assistant Dental Officers (part-time)	13
Dental Nurses (full-time 3, part-time 3)	6
Dental full-time and part-time Assistants	5
Dental Hygienist	1
Dental Auxiliaries	3

Domestic Help

Organiser	1
Deputy Organiser	1
District Organisers	12
Assistant District Organisers	2
Domestic Helps (full-time)	47
Domestic Helps (part-time)	879
Night Watchers	45

John Foster Vince Memorial Home (Mother and Baby Home)

Matron	1
Nursing Staff	2
Domestic Staff	5
Clerical Staff	27

Miscellaneous Staff

Non-manual (full-time and part-time)	79
Manual	237

MENTAL HEALTH

Administrative Medical Officer (part of duties of Deputy M.O.H.)	1
Chief Assistant	1
Deputy Chief Assistant	1
Divisional Mental Welfare Officers	4
Senior Mental Welfare Officers	8
Mental Welfare Officers	23
Caseworker	1
Trainee Mental Welfare Officers	4
Psychologist	1
Shorthand-typists	7
Clerical Staff	4

Parent and Child Centre

Senior Psychiatric Social Worker	1
Social Workers	2
Shorthand-typist	1

Hostels for Discharged Psychiatric Patients

Wardens	2
Assistant Warden and Cook	1
Cook	1
Manual Staff	4

Short Stay Hostel – Warwick Road

Matron	1
Deputy Matron	1
Nursing Staff	7
Domestic Staff	13

Senior Training Centres (2)

Senior Warden	1
Warden	1
Deputy Wardens	2
Supervisors	4
Assistant Supervisors	16
Trainee Assistant Supervisors	3
Clerical Staff	2
Manual Staff (part-time)	23

GENERAL PURPOSES

Administrative Medical Officer of Health	1
Deputy Administrative Medical Officer of Health (in conjunction with Health Education and Immunisation)	1
Clerical Staff	3
Health Education	
Organiser	1
Assistant Organiser	1
Artist	1
Immunisation	
Medical Officer for B.C.G. Vaccination	—
Nurse Administrator of the Immunisation Section	1
Nursing Staff	2
Medical and Nursing Staff (part-time)	12
Clerical Staff	24
Temporary Clerical Staff (full and part-time)	11

TUBERCULOSIS
(Prevention and After-Care)

Medical Director (part-time)	1
Medical Officers (part-time)	10
Tuberculosis Visitors	5
Clerical Staff	3

STAFF WELFARE SURGERIES

Medical Officer for Staff Welfare	1
Nursing Staff (1 full-time)	2

VETERINARY OFFICERS AND FOOD INSPECTORS

Chief Veterinary Officer	1
Deputy Chief Veterinary Officer	1
Assistant Chief Veterinary Officer	1
District Food Inspectors	8
Senior Food Inspectors	3
Authorised Meat Inspectors	10
Trainee Meat Inspectors	10
Clerical Staff	3
Miscellaneous Manual Staff	4

PUBLIC HEALTH AND HOUSING INSPECTORS

Chief Public Health and Housing Inspector	1
Deputy Chief Public Health and Housing Inspector	1
Assistant Chief Public Health Inspector (Housing)	1
Assistant Chief Public Health Inspector (General)	1
Divisional Public Health Inspectors	4
Senior Rodent Officer	1
Senior Shops Act Inspector	1
Enforcement Officer	1
Inspectorial Staff	69
Assistants	16
Pupil Public Health Inspectors	36
Food and Drugs Sampling Officers	4
Clerical Staff	36
Miscellaneous Manual Staff	25

SMOKE INSPECTORS

Chief Air Pollution and Noise Abatement Inspector	1
Deputy Chief Air Pollution and Noise Abatement Inspector	1
Inspectorial Staff	4
Smoke Control Area Advisers	20
Clerical Staff	27

MILK AND DAIRIES INSPECTORS

Senior Milk and Dairies Inspector	—
Inspectors	1
Milk Samplers	2

ANALYTICAL LABORATORY

City Analyst	1
Deputy City Analyst	1
Research Chemist	1
Laboratory Staff	8
Clerical Staff	2

MISCELLANEOUS STAFF

Manual Workers (Laundry Workers, Drivers, Storemen, Cleaners, etc.)	105

Public Health Department,
Trafalgar House,
Paradise Street,
Birmingham, 1.

October, 1968

To the Chairman and Members,

Health Committee.

Hardly a year passes in which it is not possible to point to one or more unprecedented records being achieved. It is thrilling to work in a service which can record year after year steadily improving attainments. In 1967 the stillbirth rate was considerably lower than any yet recorded in Birmingham. Even so, there were 348 stillbirths out of a total of 21,383 live and still births. The infant mortality rate of 19·80 per 1,000 live births was also a new low record for Birmingham, a further substantial reduction from the rate of 21·22 for 1966 which itself was then the lowest ever recorded. The table on Page 28 demonstrates the continuing need for concentration of medical and social efforts upon the inner and middle ring wards where the infant mortality rate was 22 as compared with 17 per 1,000 live births in the outer suburbs. Birmingham has a substantial problem of illegitimacy, the Registrar General recording as illegitimate 11·7 per cent. of all live births to Birmingham mothers. This large group of infants had an adverse effect upon our over-all figures on account of its high infant mortality rate of 25·39. The problem of illegitimacy grows worse and during the year an excellent report was prepared by a working party of officers set up by the Education Committee which advocated an educational approach directed towards prevention. The Brook Advisory Centre had also opened in the Autumn of 1966 for unmarried persons where contraceptive advice and devices are supplied to a sizeable clientele.

Birmingham is sharing in the disquieting national increase in deaths from coronary disease. In 1967 there were 2,208 deaths from this condition out of a total of 12,950 deaths. The situation demands an all out research effort to elucidate fully the causes.

A further deleterious drift occurred in deaths from lung cancer, the total of 682 being a record for both men and women. All of smoking age must surely be aware of the risks but it is a pity that so very few of the cigarette smokers ever have the risks vividly brought home to them by actually witnessing the progress of the illness in one suffering from fatal lung-cancer. No wonder so few chest physicians smoke cigarettes.

Some expansion took place of the arrangements for taking cervical smears but this preventative action could not account for the number of deaths from cervical cancer falling from 70 in 1965 to 46 in 1966 and 44

in 1967. Thanks to the publicity given by the press and to the arrangements made by enlightened employees, demand for this test continues to be brisk.

The City was free from diphtheria and poliomyelitis during the year although some thousands of parents had neglected to have their children protected. The same "It won't happen to me" attitude seems to prevail here as in the case of cigarette smoking. The wisdom of recently introducing vaccination against measles is shown by the occurrence of 9,783 cases resulting in four deaths.

A significant advance in organisation took place when the district nurses based on Hall Green, who serve 200,000 of the population, were formed into teams of three or four and each team was attached to a group of general practitioners. So successful was this arrangement that it is currently being extended to other parts of the City.

My colleagues and I are becoming more and more dubious about the wisdom of having two entirely separate sets of nurses – district nurses and health visitors – covering the same ground. The idea is developing of a "community nurse". Such nurses of varying levels of skill and experience would be grouped into small teams to give a comprehensive service to general practices. The recent Seebohm Report gives the same impression as the future for social workers. One cannot help but feel that hospital staffs would have a deeper understanding of their patients if they could see more of the work in the domiciliary field.

Attention is also invited to Page 220 of this Report dealing with a drastic reorganisation of the public health inspectorate. Specialised sub-sections to deal with specific problems have been a great success in Birmingham but such specialisation had become a serious obstacle to promotion and recruitment. The new arrangements enhance professional interest, are time saving and, above all, have markedly improved the stability of staffing in a field where personal knowledge of local problems is vital.

The percentage of confinements taking place in hospital continues to increase slowly but steadily and in 1967 attained 74·4 per cent. The maternity service is an extreme example of trichotomy in the National Health Service and we need to be able to evaluate the results of a variety of experiments in organisation in order to get the best value from existing resources. It does appear that, on the whole, a hospital bed could be available for every confinement if arrangements for early discharges were uniformly and fully developed.

It is gratifying to note on Page 85 there are nine local authority premises from which general practitioners conduct their practices. The joint use can be a great success attainable at very low cost and the development of health centres from former maternity and child welfare

centres is being encouraged. Indeed, one can already see that the traditional local authority maternity and child welfare centre as such is obsolescent and, now that difficulties of financing the running costs have been resolved, new purpose built health centres are the medical and social service centres of the future where adaptation of existing buildings is not possible.

Many medical officers of health have had their responsibilities increased by the combination of the health and welfare departments. Birmingham has embarked upon a policy of active collaboration at all levels between the Public Health and the various Social Service Departments and it is a pleasure to record here how extremely well co-ordination of the work of the various Corporation Departments and voluntary bodies has proceeded. In no small measure this is due to the excellent personal relationships among chief officers and those directing the voluntary services.

At the end of 1967 thoughts of a reorganisation on a national scale were in the air. The wind of change was blowing and at the time of writing is reaching gale force. Constructive ideas are only now starting to emerge and one hopes they will be given time to mature before unduly hasty action is taken.

E. L. M. MILLAR,
Medical Officer of Health.

CLIMATOLOGY

The University of Birmingham Edgbaston Observatory has very kindly supplied the following details of the weather during 1967.

The year was characterised by temperature, rainfall and sunshine all above average.

Following the rather mild December, 1966, the rest of the *Winter* was also mild with very little snow and no severe frosts. In fact, the average temperature of 41·1°F./5·1°C. (Dec. – Feb.) was the highest for 10 years. Rainfall and sunshine totals were also above normal.

Spring began dry, mild and sunny but culminated in an exceptionally wet May which was also cool and lacking in sunshine.

The *Summer* period was the driest on record with a rainfall deficiency of nearly 4 inches. However, a dull August spoilt what might otherwise have been a very good sunshine record. Temperatures were above average for much of the time but there were no major heatwaves.

The October rainfall total was twice the average but otherwise the *Autumn* period lacked distinguishing features.

December was notable for its pattern of short, but distinct, mild and cold spells, and also for the 3½ inch snowfall combined with very low temperatures which caused widespread and severe dislocation of traffic on the 8th. However, in compensation the month turned out to be the sunniest on record.

The mean TEMPERATURE for the year = 49·4°F./9·7°C. which was 0·6°F./0·3°C. above average, making it the warmest year since 1961. The highest shade temperature was 81·9°F./27·7°C. on 17th July, and the lowest was 22·6°F./–5·2°C. on 9th December. The lowest grass minimum of 10·4°F./–12·0°C. occurred on the same morning. There were only 26 air frosts and 65 ground frosts.

Total PRECIPITATION = 30·185 inches/767 mms. which was 1·610 inches/41 mms. above normal. There were 209 rain days compared with an average of 178, and 130 wet days against an average of 132. The driest month was June and the wettest, May, which also had a record 28 rain days. SNOW or SLEET was registered on 29 days and covered most or all of the ground at 9.00 a.m. on 9 days. The maximum depth at any one time was 3½ inches on 8th December. HAIL was noted on 19 days and THUNDER on 15, of these 7 were in May and 5 in August.

The SUNSHINE total of 1345·4 hours was above normal by 51·3 hours making this the sunniest year since 1961. The sunniest day was 10th July with 15.0 hours.

There were only 11 days with FOG at 9.00 a.m. making it the most fog free year since 1921 (10 days). *N.B.* For this purpose fog is defined as visibility of less than 1,100 yards. The only day with a visibility of less than 100 yards at 9.00 a.m. was 8th November.

WINDS from between SE and SW were very frequent with all other directions below normal. The mean speed was 10·2 m.p.h. which was 0·5 m.p.h. above average. The highest gust recorded was 61 m.p.h. on 28th February.

WINDS

NUMBER OF HOURS DURING WHICH WINDS BLEW FROM 8 MAIN COMPASS POINTS

Month	N	NE	E	SE	S	SW	W	NW	*Calm*	*Mean hourly m.p.h.*
Jan.	20	27	9	188	141	112	120	127	0	10·0
Feb.	13	32	71	110	93	229	58	66	0	12·1
Mar.	6	13	3	26	123	377	151	45	0	14·3
Apr.	143	76	19	21	65	105	100	191	0	11·2
May	28	94	47	139	220	103	42	67	4	9·4
Jun.	62	79	65	44	93	156	88	130	3	7·4
Jul.	17	46	33	50	183	281	80	46	8	8·2
Aug.	33	22	44	115	137	270	80	37	6	7·8
Sep.	66	48	23	158	132	169	69	54	1	8·4
Oct.	3	2	9	41	324	245	97	23	0	12·3
Nov.	29	63	52	113	128	182	81	68	4	9·3
Dec.	25	11	10	16	97	192	160	233	0	11·6
YEAR 1967	445	513	385	1,021	1,736	2,421	1,126	1,087	26	10·2
Mean 35 Yrs.	617	911	647	814	1,484	1,785	1,214	1,220	70	9·7

MONTHLY DETAILS OF VARIOUS WEATHER DATA FOR THE YEAR 1967 WITH NORMALS FOR THE PAST 75 YEARS.

Month	*Temperature Shade Deg. F.*				*Number of Frosts*		*Rainfall (Inches)*			
									Days with	
1967	*Mean 1967*	*Means 75 Years*	*High-est*	*Low-est*	*Air*	*Ground*	*Totals 1967*	*Means 75 Years*	*0·01 or more*	*0·04 or more*
Jan.	40·0	38·3	53	25	9	10	1·890	2·525	18	10
Feb.	41·4	38·9	54	28	4	13	2·820	1·915	15	10
Mar.	44·5	41·9	64	33	0	9	2·140	1·958	12	7
Apr.	45·7	46·5	65	31	1	7	1·010	2·020	14	8
May	50·0	52·3	74	32	1	3	6·010	2·268	28	20
Jun.	58·1	57·6	74	45	0	2	0·815	2·062	9	3
Jul.	62·8	60·7	82	48	0	0	1·240	2·572	13	10
Aug.	60·7	60·1	76	47	0	0	1·425	2·797	16	8
Sep.	56·6	56·2	69	45	0	0	2·830	2·223	20	15
Oct.	51·2	49·7	66	37	0	0	5·505	2·701	27	17
Nov.	42·0	43·3	59	29	2	9	1·720	2·795	17	8
Dec.	40·0	39·8	53	23	9	12	2·780	2·812	20	14
YEAR	49·4	48·8	82	23	26	65	30·185	28·648	209	130

Month	*Sunshine (Hours)*			*Number of days with*			
1967	*Total Hours 1967*	*Mean 75 Years*	*Sunless days*	*Snow or Sleet*	*Snow lying at 09·00 hrs.*	*Thunder*	*Fog 09·00 hrs. **
Jan.	49·8	43·6	14	5	3	0	1
Feb.	67·7	57·6	8	6	0	0	1
Mar.	150·4	95·4	0	4	0	0	0
Apr.	90·3	132·9	5	2	0	0	0
May	148·8	171·5	4	3	0	7	2
Jun.	199·8	178·9	4	0	0	0	0
Jul.	202·5	166·3	1	0	0	2	0
Aug.	126·1	157·1	2	0	0	5	1
Sep.	102·6	122·2	4	0	0	1	1
Oct.	89·4	86·4	6	0	0	0	0
Nov.	57·7	49·3	12	2	0	0	5
Dec.	60·3	38·3	12	7	6	0	0
YEAR	1345·4	1299·5	72	29	9	15	11

**Note.* Visibility less than 1,100 yards at 0900 hrs.

VITAL STATISTICS

Area: There was no alteration in the area of the City during 1967, which remained at 51,598 acres or approximately 81 square miles.

Population: Census 1961 1,107,187

Males .. 544,624 Females .. 562,563

	1963	1,115,630
Home population estimated by the Registrar	1964	1,106,040
General as at 30th June (Civilians plus H.M.	1965	1,102,660
Forces stationed in the Area)	1966	1,102,570
	1967	1,101,990

The small decrease in the estimated population was maintained in 1967, but the natural increase has risen slightly to a figure of 9,130 as compared with that of 8,755 for 1966. There has been a small rise in the birth rate from 19·06 to 19·09 but the death rate dropped to 10·8 which, with the exception of 1964, is the lowest for 13 years.

Live Births

		1963	*1964*	*1965*	*1966*	*1967*
	Number					
(*a*)	Born in the City ...	21,708	22,033	21,185	20,616	20,564
(*b*)	Born outside the City...	621	353	370	403	471
		22,329	22,386	21,555	21,019	21,035

Live Birth Rate. 19·09 per 1,000 population.

This represents a very slight increase over the rate of 19·06 for 1966.

Illegitimate Live Births: These numbered 2,245, being 10·67 per cent. of the total live births. The following table sets out the locally recorded illegitimate live babies compared with the total live births.

1957	*1958*	*1959*	*1960*	*1961*	*1962*	*1963*	*1964*	*1965*	*1966*	*1967*
6·4%	6·5%	6·8%	7·7%	8·9%	10·2%	10·4%	10·5%	10·3%	10·6%	10·7%

The number of illegitimate live births recorded in the City varies from the figures supplied by the Registrar General. From that source the percentage of illegitimate live births was 11·7 of the total live births. This is usually explained by the occurrence of births of illegitimate children outside the City which are attributed to Birmingham women.

The following table shows the comparable rates for England and Wales and other large towns:–

	Birmingham	*Leeds*	*Liverpool*	*Manchester*	*England & Wales*
1964	11·2	10·1	7·7	13·4	7·2
1965	10·9	10·8	8·4	14·2	7·6
1966	11·3	11·5	9·2	15·0	7·9
1967	11·7		— not yet available —		

Stillbirths

There were 348 stillbirths and of these 207 (59·5 per cent.) were premature births which was a lower proportion than in 1965.

STILLBIRTH RATE per 1,000 (live and still) births 16·27.

This rate is considerably lower than any stillbirth rate yet recorded in Birmingham.

Year	...	*1958*	*1959*	*1960*	*1961*	*1962*	*1963*	*1964*	*1965*	*1966*	*1967*
Rate	...	22·0	22·1	19·9	20·15	19·0	18·9	17·5	17·2	17·3	16·3

Total Births live and still 21,383.

INFANT MORTALITY RATE

Infant deaths under one year of age:–

Legitimate	...	...	...	359
Illegitimate	...	...	...	57

Total infant deaths were 416, 30 less than in 1966, giving a rate of 19·80 per 1,000 live births. This too is a new low record for Birmingham.

1958	*1959*	*1960*	*1961*	*1962*	*1963*	*1964*	*1965*	*1966*	*1967*
25·05	25·4	22·6	23·8	22·8	23·6	21·4	22·0	21·2	19·8

INFANT MORTALITY IN ZONES OF THE CITY

		1958	*1959*	*1960*	*1961*	*1962*	*1963*	*1964*	*1965*	*1966*	*1967*
Inner ...	...	28	34	27	31	30	29	24	31	21	22
Middle	...	27	27	22	24	25	26	23	23	24	22
Outer ...	...	23	22	21	22	18	18	19	18	18	17

Year by year over a long period this table has consistently shown the Inner Ring Wards with the highest infant mortality rate, the Outer Ring Wards with the lowest and the Middle Ring Wards occupying an intermediate position. In 1966, for the first time, the Middle Ring Wards had the highest rate and in 1967 this position still held, with the rate of 22·0 as compared with 21·7 for the Inner Ring. This dramatic change is due to the massive redevelopment of the Inner Ring Wards and the concentration of preventive work in the areas that need it most.

Legitimate infant deaths per 1,000 live births:–

1963	*1964*	*1965*	*1966*	*1967*
22·19	20·52	21·12	20·49	19·10

Illegitimate infant deaths per 1,000 illegitimate live births:–

1963	*1964*	*1965*	*1966*	*1967*
35·71	29·26	30·00	27·38	25·39

Early Neonatal Death Rate
(deaths under 7 days old)

1963	*1964*	*1965*	*1966*	*1967*
12·99	12·60	12·53	12·18	12·21

Neonatal Death Rate
(deaths in first 4 weeks)

1963	*1964*	*9165*	*1966*	*1967*
15·27	14·47	14·66	14·23	13·59

Post Neonatal Death Rate
(deaths in the 1st year
excluding first 4 weeks)

1963	*1964*	*1965*	*1966*	*1967*
8·33	6·97	7·38	7·00	6·18

Perinatal Death Rate
(Stillbirths plus deaths in
the 1st week)

1963	*1964*	*1965*	*1966*	*1967*
31·64	29·80	29·63	29·27	28·29

INFANT MORTALITY 1967

Cause of Death	*Early Neo-natal*	*7-28 Days*	*Total Neo-natal*	*Post Neo-natal*	*Total Infant Deaths*
Measles	—	—	—	1	1
Whooping cough	—	—	—	1	1
Influenza	—	—	—	1	1
Meningococcal infection ...	—	—	—	1	1
Infective encephalitis	1	—	1	1	2
Meningitis	1	—	1	2	3
Bronchitis	—	2	2	6	8
Pneumonia	4	8	12	49	61
Diarrhoea and enteritis ...	—	2	2	8	10
Congenital malformations ...	43	9	52	26	78
Premature birth	130	5	135	—	135
Atrophy, debility and marasmus	6	—	6	—	6
Atelectasis	14	—	14	1	15
Injury at birth	34	1	35	—	35
Otitis media	—	—	—	2	2
Other causes	24	2	26	31	57
All causes	257	29	286	130	416

Maternal Mortality

Number of Deaths (including 3 abortions) 9.

Rates per 1,000 live and still births:

including abortions	0·42
excluding abortions	0·28

Maternal Deaths (excluding abortions):

1958	*1959*	*1960*	*1961*	*1962*	*1963*	*1964*	*1965*	*1966*	*1967*
6	6	10	4	6	3	8	6	6	6

Death Rate from all causes was 10·80 per 1,000 population, the total number of deaths being 11,905. This represents a decrease of 359 compared with the total for 1966 and a consequent lowering of the death rate by 0·32.

The principal causes of death are set out in the table below. A substantial drop of 511 in the total of deaths from respiratory causes is revealed. This can partly be accounted for by the above average temperatures recorded during January and February, the negligible amount of fog during the year and for the absence of prolonged cold spells in the latter part of the year.

The reduction in the total of fatal accidents referred to elsewhere is reflected in the corresponding decrease of 92 in the combined totals of deaths from violence and suicide compared with 1966. Suicide itself accounted for 30 less deaths than in 1966, i.e. 86 compared with 116.

	Heart disease	*Cancer*	*Cerebral haemorrhage*	*Pneumonia Bronchitis Influenza*	*Arterio sclerosis and Circulatory disease*	*Senility*	*Violence and Suicide*
1958	3,584	2,309	1,763	1,422	465	145	545
1959	3,717	2,372	1,687	1,979	508	119	543
1960	3,708	2,260	1,694	1,411	488	155	611
1961	3,913	2,303	1,678	1,914	500	147	581
1962	3,787	2,323	1,697	1,771	490	125	565
1963	3,737	2,390	1,783	1,661	564	147	647
1964	3,442	2,297	1,640	1,451	616	131	614
1965	3,661	2,460	1,781	1,499	598	93	592
1966	3,584	2,451	1,670	1,794	476	66	619
1967	3,670	2,539	1,811	1,283	425	123	527
% of all deaths in 1967	30·83	21·33	15·21	10·78	3·57	1·03	4·43

Coronary disease, Angina as causes of death

1962	Male	1,214	
	Female	795	2,009
1963	Male	1,348	
	Female	819	2,167
1964	Male	1,319	
	Female	811	2,130
1965	Male	1,413	
	Female	862	2,275
1966	Male	1,319	
	Female	842	2,161
1967	Male	1,386	
	Female	822	2,208
			12,950

Area Comparability Factors

Births ... ... 0·99 Deaths ... ... 1·13

Crude birth and death rates are not satisfactory rates in themselves for comparative purposes because each area varies in the age and sex structure of its population. In order to make comparisons of birth and death rates between one area and another the device known as the Area Comparability Factor, which eliminates the age and sex differences of the local populations, is applied by multiplying the local crude rate by the factor. The Adjusted Birth Rate was 18·90 and the Adjusted Death Rate 12·20 per 1,000 population.

CANCER

Total deaths from this cause were 2,539, 88 more than in 1966, giving a mortality rate of 2·30 compared with 2·22 for the previous year.

	1958	*1959*	*1960*	*1961*	*1962*	*1963*	*1964*	*1965*	*1966*	*1967*
Deaths ...	2,309	2,372	2,260	2,303	2,323	2,390	2,297	2,460	2,451	2,539
Rate ...	2·10	2·17	2·07	2·07	2·08	2·14	2·08	2·23	2·22	2·30

There were 682 deaths, or 26·9 per cent. of the total cancer deaths, resulting from cancer of the lung and bronchus. Of these deaths 95 were women, an increase of 6 over the number in 1966. There were 362 deaths under 65 years of age, of which 340 were in the age group 45–64 while 20 were under 45 years.

Deaths from Cancer of the Lung and Bronchus, 1957-67

The following figures reveal that there were more lung cancer deaths in 1967 than ever before, both for men and for women.

	1957	*1958*	*1959*	*1960*	*1961*	*1962*	*1963*	*1964*	*1965*	*1966*	*1967*
Males ...	454	456	476	515	503	496	578	513	562	544	587
Females	84	73	64	66	69	80	76	78	88	89	95
TOTALS	538	529	540	581	572	576	654	591	650	633	682

Cancer of the digestive organs caused 871 deaths, 451 being men and 420 women. The figure for genital organ cancer was 260, 44 of which were attributed to cancer of the cervix. From breast cancer there were 216 deaths, 5 of them being males. There were 60 leukaemia deaths.

AGE AT DEATH FROM CANCER OF CERVIX UTERI

Age Group	*1965*	*1966*	*1967*
15 – 19	—	—	—
20 – 24	—	—	—
25 – 29	—	—	1
30 – 34	1	—	—
35 – 39	2	1	—
40 – 44	6	4	1
45 – 49	5	9	6
50 – 54	9	9	6
55 – 59	7	3	7
60 – 64	11	3	6
65 – 69	6	4	5
70 – 74	12	3	5
75+	11	10	7
TOTALS:–	70	46	44

Accidents

There were 417 fatal accidents, 204 occurring to males and 213 to females producing 3·50 per cent. of all deaths. This represents an encouraging reduction of 60 on the figure for 1966. The figures include fatalities occurring outside the City to Birmingham residents.

Fatal accidents which occurred at home amounted to 173 or 41·5 per cent. of all fatal accidental deaths; 111 of them involved children under 5 years and adults of 65 years and over.

Road accidents accounted for 141 deaths, 109 of them resulting from incidents in Birmingham. These figures represent a gratifying decrease of 47 and 41 respectively on the figures for 1966, a fact not entirely coincidental taking into account the introduction of legislation in the latter part of the year with this object in mind. It is interesting to note that the greatest proportion of this overall reduction fell within the under 65 age group.

Recent fatal road accident figures are set out in the following table.

1960	*1961*	*1962*	*1963*	*1964*	*1965*	*1966*	*1967*
164	183	130	175	191	193	188	141

Accidents occurring on the road and in the course of employment were fatal to 59 males and 21 females between the age of 5 and 45 years.

Accidents to persons of 65 and over caused 205 deaths, being 49·2 per cent. of all deaths due to accidents. There were 8 more deaths in this age group than in 1966. There was a slight increase in the number of elderly people who were killed by motor vehicles or involved fatally in other road accidents.

The table below shows the number of people who died in all accidents classified under various headings.

Type of Accident	*(a) Total Deaths*	*(b) No. in column (a) 65 years and over*	*(c) (b) as % of (a)*
Falls on the same level	118	110	93·2
Falls downstairs	30	17	56·7
Pedestrians killed by motor vehicles ...	69	34	49·3
Other road accidents	72	8	11·1
Coal gas poisoning	16	11	68·8
Burns and electricity	20	10	50·0
Other accidents	92	15	16·3

Column (b) shows falls on the same level to be the greatest cause of fatal accidents among the elderly, accounting for 53·7 per cent. of them. Pedestrians aged 65 and over involved with motor vehicles resulted in 16·6 per cent. of accidental deaths in this age group.

	Stillbirth rate	Early neonatal mortality rate	Perinatal mortality rate	4 weeks neonatal mortality rate	Post neonatal mortality rate	Total infant mortality rate
1967 Legitimate		11·49		12·77	6·33	19·10
Illegitimate		18·26 } 158·9%	28·29	20·49 } 160·4%	4·90 } 77·41%	25·39 } 132·93%
Total	16·27	12·21		13·59	6·18	19·78
1966 Legitimate		11·71		13·68	6·81	20·49
Illegitimate		16·16 } 138·0%	29·27	18·85 } 137·79%	8·53 } 125·26%	27·38 } 133·63%
Total	17·29	12·18		14·23	7·00	21·22
1965 Legitimate		11·80		13·97	7·14	21·12
Illegitimate		18·81 } 159·41%	29·63	20·60 } 147·46%	9·40 } 131·65%	30·00 } 142·04%
Total	17·23	12·53		14·66	7·38	22·03
1964 Legitimate		11·88		13·78	6·74	20·52
Illegitimate		18·24 } 153·5%	29·80	20·36 } 147·8%	8·90 } 132·0%	29·26 } 142·6%
Total	17·47	12·60		14·47	6·97	21·44
1963 Legitimate		12·30		14·45	7·75	22·19
Illegitimate		18·93 } 153·9%	31·64	22·38 } 154·9%	13·34 } 172·13%	35·71 } 159·1%
Total	18·89	12·99		15·27	8·33	23·6
1962 Legitimate		13·36		15·51	6·25	21·76
Illegitimate		19·32 } 144·6 %	32·73	21·51 } 138·5%	10·10 } 161·6%	31·61 } 145·3%
Total	19·03	13·97		16·12	6·65	22·77
1961 Legitimate		14·3		16·4	7·1	23·4
Illegitimate		17·1 } 119·6%	34·4	18·7 } 114·0%	9·3 } 130·2%	28·0 } 119·7%
Total	20·15	14·6		16·8	7·3	23·9
1960 Legitimate		14·0		15·4	4·8	21·9
Illegitimate		19·4 } 138·65%	34·0	23·2 } 154·3%	6·9 } 143·45%	30·1 } 137·2%
Total	19·86	14·4		16·0	6·6	22·6
1959 Legitimate		14·8		17·0	7·1	24·1
Illegitimate		28·9 } 195·2%	36·6	31·1 } 182·9%	11·4 } 160·6%	42·5 } 176·3%
Total	21·14	15·7		18·0	7·4	25·4

Where possible rates for illegitimate babies are expressed as a percentage of those for legitimate babies.

CRUDE RATES

Year	Birth Rate		Stillbirth Rate		Infant Mortality Rate		Death Rate	
	B'ham	*England & Wales*	*B'ham*	*England & Wales*	*B'ham*	*England & Wales*	*B'ham*	*England & Wales*
1901	31·4	27·2 *is mean for* 1901—1910			176	151	17·5	16·9
1911	26·1	24·4			150	130	15·0	14·6
1921	24·1	22·4	35·0		83	83	11·3	12·1
1931	16·9	15·8	39	41	71	66	11·7	12·3
1936	15·8	14·8	35	40	62	59	11·3	12·1
1941	16·8	13·9	29	35	69	60	13·2	13·5
1946	22·5	19·2	25·6	27	40	42·8	11·3	12·0
1947	22·2	20·5	23·8	24	41	41·3	11·1	12·3
1948	19·5	17·9	21·8	23	32	33·9	9·8	11·0
1949	18·1	16·9	21·7	23	31	32·3	10·7	11·8
1950	16·8	15·8	23·2	23	30	29·6	10·9	11·2
1951	16·5	15·5	22·2	23	30	29·6	11·4	12·5
1952	16·4	15·3	19·6	23	26·8	27·6	10·2	11·3
1953	16·6	15·5	23·5	22	26·1	26·8	10·6	11·4
1954	16·4	15·2	21·6	24	24·2	25·4	10·6	11·3
1955	16·0	15·0	23·0	23	23·7	24·9	11·3	11·7
1956	16·6	15·6	22·9	23	24·6	23·7	10·9	11·7
1957	17·1	16·1	21·5	22	24·6	23·1	11·2	11·5
1958	17·6	16·4	22·0	22	25·0	22·5	11·0	11·7
1959	17·7	16·5	21·1	21	25·4	22·2	11·6	11·6
1960	19·0	17·0	19·9	20	22·6	21·8	11·0	11·5
1961	19·5	17·6	20·1	19	23·8	21·4	11·4	12·0
1962	20·0	18·0	19·0	18	22·8	21·7	11·1	11·9
1963	20·0	18·2	18·9	17	23·6	21·1	11·3	12·2
1964	20·2	18·4	17·5	16	21·4	19·9	10·7	11·3
1965	19·6	18·0	17·2	16	22·0	19·0	11·1	11·5
1966	19·1	17·7	17·3	15	21·2	19·0	11·1	11·7
1967	19·1	17·2	16·3	15	19·8	18·3	10·8	11·2

YEAR	Population Estimated to mid. of each year	Birth rate	Death rate	Factors: Births	Factors: Deaths	Infant Mortality	Early Neonatal (first week)	Neonatal (first month)	Post-neonatal (1—12 months)	Congenital Debility, Premature Birth, Malformations, etc. (under 1 year)	Diarrhoea and Enteritis (under 2 yrs.)	Stillbirths	Perinatal ‡	Maternal (including abortions)	Influenza	Tuberculosis: Respiratory	Tuberculosis: Other Forms	Cancer	Diseases of Nervous System	Diseases of Circulatory System	Diseases of Respiratory System	Diseases of Digestive System	Diseases of Genito-Urinary System	Suicides	Other Violence
1928	976,500	17.6	10.9			65	21.2	31.5	37.4	31.6	9.3	33.4	53.8	3.70	.13	.86	.13	1.35	0.94	2.41	1.56	.67	.48	.16	.40
1929	981,000	17.1	13.5			79	23.9	32.3	46.5	35.4	3.9	33.9	57.0	3.85	1.09	.94	.15	1.34	0.98	2.76	2.26	.76	.53	.16	.42
1930	982,000	17.7	10.8			60	20.8	28.7	31.4	30.6	7.6	38.0	58.0	3.25	.13	.90	.13	1.43	0.88	2.57	1.32	.60	.44	.15	.40
	Average	**17.8**	**11.6**			**70**	**21.9**	**31.4**	**39.8**	**33.0**	**10.7**	**33.2**	**54.4**	**3.65**	**.41**	**.91**	**.13**	**1.35**	**0.96**	**2.43**	**1.78**	**.69**	**.45**	**.15**	**.38**
1931	1,011,300	16.9	11.7			71	25.3	32.2	39.2	34.6	8.7	39.3	63.6	3.66	.27	.92	.14	1.46	0.77*	2.90	1.61	.62	.45	.15	.38
1932	1,017,500	16.3	11.3			67	24.8	32.7	34.7	33.6	7.7	35.0	59.0	3.60	.36	.83	.10	1.45	0.87*	2.73	1.47	.59	.45	.19	.35
1933	1,023,500	14.7	11.0			66	22.6	30.8	35.5	33.7	7.8	37.8	59.5	3.57	.44	.85	.11	1.43	0.70*	2.94	1.32	.61	.40	.17	.39
1934	1,028,000	15.3	11.0			68	25.8	32.6	35.1	35.0	8.7	35.7	60.6	3.68	.18	.71	.08	1.43	0.76*	3.04	1.26	.67	.44	.16	.38
1935	1,033,000	15.4	10.9		1.10	64	24.9	33.4	30.9	36.3	7.7	33.3	57.4	3.40	.15	.71	.08	1.52	0.72*	3.14	1.09	.62	.46	.13	.40
	Average	**15.7**	**11.2**		1.10	**67**	**24.7**	**32.3**	**35.1**	**34.6**	**8.1**	**36.2**	**60.0**	**3.58**	**.28**	**.80**	**.10**	**1.46**	**0.76***	**2.95**	**1.35**	**.62**	**.44**	**.16**	**.38**
1936	1,038,000	15.8	11.3			62	24.1	29.8	32.5	32.8	5.4	34.8	58.0	3.53	.13	.71	.07	1.57	0.69*	3.43	1.22	.62	.45	.12	.38
1937	1,043,000	16.3	11.7		1.10	60	24.3	31.0	28.9	33.1	5.1	34.6	58.1	2.95	.40	.72	.08	1.62	0.73*	3.40	1.40	.56	.45	.15	.39
1938	1,048,000	16.6	10.9		1.10	61	21.0	26.7	34.5	28.5	12.5	34.7	41.3	2.71	.15	.70	.08	1.59	0.61*	3.45	1.18	.61	.43	.16	.34
1939	1,055,000	16.6	11.4		1.11	60	20.7	26.3	32.8	29.1	13.7	36.0	56.0	2.48	.16	.77	.07	1.55	0.67*	3.65	1.16	.45	.39	.15	.36
1940	1,020,000	16.9	14.3			70	19.6	28.8	41.2	28.2	12.1	32.8	51.7	2.21	.22	.77	.07	1.61	1.31*	3.31	2.21	.55	.46	.14	.42
	Average	**16.4**	**11.9**	First Started in 1949		**63**	**21.9**	**28.5**	**34.0**	**30.3**	**9.8**	**34.6**	**53.0**	**2.77**	**.21**	**.73**	**.07**	**1.59**	**0.80***	**3.45**	**1.43**	**.56**	**.44**	**.14**	**.38**
1941	950,000	16.8	13.2			69	20.5	29.1	39.9	26.4	11.3	29.1	49.0	2.49	.15	.81	.09	1.70	1.30*	3.10	1.94	.72	.45	.12	.44
1942	965,000	19.3	11.8			56	20.2	30.1	25.9	29.4	9.8	28.4	48.0	2.34	.10	.77	.09	1.77	1.28*	2.87	1.51	.64	.43	.11	.37
1943	965,000	20.9	12.1			55	17.9	25.7	29.3	25.4	9.1	27.4	44.8	1.69	.34	.71	.07	1.83	1.34*	3.02	1.73	.46	.45	.11	.31
1944	990,000	22.8	11.3			42	15.4	22.2	19.8	21.7	6.0	24.5	39.6	1.34	.11	.70	.09	1.75	1.29*	3.15	1.40	.43	.42	.08	.32
1945	990,000	19.9	11.2			50	17.0	22.5	26.5	22.3	7.8	24.8	41.3	1.41	.06	.68	.07	1.84	1.33*	3.14	1.44	.44	.41	.10	.27
	Average	**19.9**	**11.9**			**54**	**18.2**	**25.9**	**28.3**	**25.0**	**8.8**	**26.8**	**44.5**	**1.85**	**.15**	**.73**	**.08**	**1.78**	**1.31***	**3.10**	**1.60**	**.54**	**.43**	**.10**	**.34**
1946	1,017,100	22.5	11.3			40	17.3	22.1	17.9	20.9	6.1	25.6	42.2	0.85	.11	.61	.07	1.90	1.32*	3.36	1.37	.44	.36	.12	.30
1947	1,076,230†	22.2	11.1			41	15.9	20.9	19.8	20.6	7.1	23.8	39.1	0.98	.08	.64	.05	1.83	1.34*	3.34	1.48	.36	.34	.11	.27
1948	1,096,100†	19.5	9.8		1.13	32	16.3	18.0	13.6	17.8	3.2	21.8	37.7	*0.50*	.03	.59	.04	1.82	1.10*	3.00	1.10	.32	.33	.13	.27
1949	1,106,800†	18.1	10.7	0.96	1.13	31	15.0	17.7	13.1	18.3	3.2	21.7	30.4	*0.49*	.19	.54	.05	1.75	1.25*	3.52	1.34	.35	.29	.12	.27
1950	1,117,900†	16.8	10.9		1.12	30	16.4	19.2	10.9	18.9	2.2	23.0	30.8	*0.83*	.07	.43	.03	1.88	1.40*	3.67	1.30	.35	.28	.12	.30
	Average	**19.8**	**10.8**	0.96		**35**	**14.5**	**19.6**	**15.1**	**19.3**	**4.4**	**23.2**	**36.0**	**0.73**	**.10**	**.56**	**.05**	**1.84**	**1.28***	**3.38**	**1.32**	**.36**	**.32**	**.12**	**.28**
1951	1,110,900†	16.5	11.4	0.96	1.12	30	15.9	19.2	10.5	18.2	1.6	22.2	37.6	*0.75*	.26	.35	.03	1.82	1.49*	3.79	1.54	.42	.25	.12	.33
1952	1,119,000†	16.4	10.2	0.94	1.12	27	15.6	17.6	9.2	17.5	1.3	19.6	33.3	*0.80*	.03	.25	.02	1.90	1.46*	3.46	1.12	.39	.22	.11	.31
1953	1,118,500†	16.6	10.6	0.94	1.14	26	15.1	18.0	8.1	18.0	1.1	23.5	37.9	*0.58*	.15	.24	*.01*	2.00	1.51*	3.40	1.29	.36	.24	.12	.28
1954	1,117,700†	16.4	10.6	0.94	1.14	24	13.8	16.8	7.4	16.5	0.7	21.6	35.1	*0.80*	.03	.20	*.01*	2.05	1.64*	3.44	1.15	.40	.25	.13	.27
1955	1,111,700†	16.0	11.3		1.13	24	13.0	16.3	7.4	17.2	*0.8*	23.0	35.7	*0.32*	.08	.19	*.01*	2.06	1.68*	3.67	1.28	.39	.20	.12	.36
	Average	**16.4**	**10.8**	0.94		**26**	**14.7**	**17.6**	**8.5**	**17.5**	**1.1**	**22.0**	**35.3**	**0.65**	**.11**	**.25**	**.02**	**1.97**	**1.56***	**3.55**	**1.28**	**.39**	**.23**	**.12**	**.31**
1956	1,110,800†	16.6	10.9	0.94	1.08	25	14.8	17.6	7.0	17.9	*1.0*	22.9	37.4	*0.63*	.03	.14	*.01*	2.08	1.55*	3.46	1.29	.38	.21	.13	.37
1957	1,103,000†	17.1	11.2	0.95	1.07	25	15.8	17.7	7.0	18.5	*0.3*	21.5	37.0	*0.41*	.14	.12	*.01*	2.20	1.54*	3.73	1.31	.37	.23	.14	.36
1958	1,095,000†	17.6	11.0	0.95	1.10	25	16.0	17.9	7.1	20.0	0.4	22.0	37.8	*0.40*	.04	.13	*.01*	2.10	1.75*	3.78	1.34	.35	.19	.13	.37
1959	1,091,500†	17.7	11.6	0.95	1.14	25	15.8	18.0	7.4	18.0	0.6	21.1	36.6	*0.36*	.26	.09	*.01*	2.17	1.68*	4.0	1.63	.34	.21	.12	.36
1960	1,093,160†	19.0	11.0		1.15	23	14.4	16.0	6.6	17.2	0.7	19.9	34.0	*0.52*	.03	.07	*.01*	2.07	1.67*	3.90	1.33	.37	.22	.12	.42
	Average	**17.6**	**11.1**	0.95		**25**	**15.4**	**17.2**	**7.0**	**18.3**	**0.6**	**21.4**	**36.6**	**0.48**	**.09**	**.11**	**.01**	**2.13**	**1.64**	**3.76**	**1.33**	**.38**	**.21**	**.13**	**.40**
1961	1,110,290†	19.5	11.4	0.95	1.15	24	14.6	16.6	7.3	18.0	1.1	20.1	34.4	*0.23*	.16	.07	*.01*	2.07	1.63*	4.01	1.53	.34	.18	.11	.43
1962	1,115,080†	20·0	11·2	0·99	1·16	23	14·0	16·1	6·7	16·8	1·2	19·0	32·7	*0·48*	·06	.07	*.01*	2·08	1·64*	3·89	1·64	·34	·21	12	39
1963	1,115,630†	20.0	11.3	0·99	1.17	24	13.0	15.3	8.3	15.6	1.4	18.9	31.6	*0.22*	.03	.07	*.01*	2.14	1.74*	3.93	1.52	.35	.24	.13	.45
1964	1,106,040†	20.2	10.7	0·99	1·17	21	12.6	14.5	7.0	15.7	1.5	17.5	29.8	*0.40*	.03	.06	*.00*	2.08	1.61*	3.67	1.35	.35	.21	.11	.45
1965	1,102,660†	19.6	11.1		1·17	22	12.6	14.7	7.4	15.1	1.6	17.2	29.6	*0.36*	.01	.04	*.00*	2.23	1.74*	3.86	1.35	.33	.23	.09	.44
	Average	**19.8**	**11.1**	0·99		**23**	**13.3**	**15.4**	**7.3**	**16.0**	**1.5**	**18.6**	**31.6**	**0.34**	**.06**	**.06**	**.01**	**2.12**	**1.7**	**3.9**	**1.5**	**.35**	**.21**	**.11**	**.43**
1966	1,102,570	19.1	11.1	0.99	1·13	21	12.2	14.2	7.0	14.1	*0.9*	17.3	29.3	*0.28*	.06	.04	*.00*	2.24	1.65	3.77	1.56	.31	.21	.11	.46
1967	1,101,990	19.1	10.8	0·99	1·13	20	12.2	13.6	6.2	13.5	0.6	16.3	28.3	0.37	.02	.03	.00	2.30	1.80	3.72	1.21	.29	.21	.08	.40

*Exclusive of General Paralysis †Registrar General's Estimate

Up to 1956 was stillbirths plus deaths in first four weeks per 1,000 live and still births. Beginning in 1956 only deaths in first week have been included.

BIRTH, DEATH AND INFANT MORTALITY RATES IN WARDS, 1967

	WARDS	Estimated Population	BIRTHS				TOTAL DEATHS		INFANT DEATHS	
			Number	Rate per 1,000 Population	Illegitimacy Number	Illegitimacy % of live births	Number	Rate per 1,000 Population	Number	Rate per 1,000 live births
CENTRAL	Aston	26,900	774	28·8	89	11·5	265	9·8	19	24·5
	Deritend	25,900	760	29·3	129	17·0	260	10·0	17	22·4
	Duddeston	25,500	659	25·8	81	12·3	213	8·3	16	24.3
	Ladywood	16,100	340	21·1	52	15.3	195	12·1	4	11·8
	Newtown	17,100	404	23·6	59	14·6	200	11·6	8	19·8
	Totals and Average Rates for Central Wards	111,500	2,937	26·3	410	14·0	1,133	10·2	64	21·8
MIDDLE RING	All Saints	22,000	607	27·6	64	10·5	305	13·8	17	28·0
	Edgbaston	25,100	491	19·6	71	14·5	225	8·9	6	12·2
	Gravelly Hill	29,300	636	21·7	78	12·3	407	13·8	13	20·4
	Handsworth	31,800	967	30·4	156	16.1	375	11·8	27	27·9
	Moseley	28,800	734	25·5	106	14·4	314	10·9	9	12·3
	Rotton Park	22,500	654	29·0	83	12·7	570	25·3	12	18·4
	Saltley	28,000	621	22·1	71	11·4	341	12·2	8	12·9
	Selly Oak	27,500	440	15·9	27	6·1	390	14·2	9	20·5
	Small Heath	30,100	802	26·6	90	11·2	307	10·2	23	28.7
	Soho	27,700	1,044	37·6	142	13·6	285	10·3	34	32·6
	Sparkbrook	28,400	847	29·8	131	15·5	284	10·0	11	13·0
	Sparkhill	31,300	783	25·0	86	11·0	331	10·6	25	31·9
	Washwood Heath	28,300	508	18·0	47	9·2	344	12·2	7	13·8
	Totals and Average Rates for Middle Ring Wards	360,800	9,134	25·3	1,152	12·6	4,478	12·4	201	22·0
OUTER RING	Acocks Green	29,100	462	15·9	39	8·4	368	12·6	9	19·5
	Billesley	29,600	396	13·4	32	8·1	312	10·5	8	20·2
	Brandwood	35,100	501	14·3	28	5·6	320	9·1	8	16·0
	Erdington	36,800	563	15·3	39	6·9	324	8·8	6	10·7
	Fox Hollies	25,600	324	12·7	23	7·1	312	12·1	4	12·3
	Hall Green	29,600	348	11·7	18	5·2	295	10·0	6	17·2
	Harborne	25,800	345	13·4	43	12·5	291	11·3	7	20·3
	Kingstanding	24,100	250	10·4	29	11·6	301	12.5	4	16·0
	Kings Norton	33,700	587	17·4	22	3·7	316	9·4	8	13·6
	Longbridge	34,100	484	14·2	39	8·1	415	12·2	9	18·6
	Northfield	34,700	552	15·9	41	7·4	252	7·3	13	23.6
	Oscott	26,500	412	15·5	13	3·1	223	8·4	6	14·6
	Perry Barr	26,200	437	16·7	22	5·0	226	8·6	3	6·8
	Quinton	25,400	264	10·4	17	6·4	316	12·1	3	11.4
	Sandwell	30,100	574	19·0	82	14·3	360	12·0	11	19·2
	Shard End	34,000	420	12·3	37	8·8	274	8·1	10	23·9
	Sheldon	27,400	382	13·9	25	6·5	205	7·5	5	13·1
	Stechford	25,700	410	15·9	51	12·4	264	10·3	7	17·1
	Stockland Green	30,400	412	13·5	34	8·2	365	12·0	10	24·3
	Weoley	37,700	475	12·6	30	6·3	265	7·0	10	21·0
	Yardley	28,100	366	13·0	19	5·2	275	9·8	3	8·2
	Totals and Average Rates for Outer Ring Wards	629,700	8,964	14·2	683	7·6	6,279	10·0	150	16·7
	Ward of Domicile not known	—	—	—	—	—	15	—	1	—

1 Typhoid & Paratyphoid Fever...	M.	—	—	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—	—	—
1A Smallpox	M.	—	—	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—	—	—
2 Measles	M.	1	—	—	2	—	—	—	—	—	—	3
	F.	—	1	—	—	—	—	—	—	—	—	1
3 Scarlet Fever	M.	—	—	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—	—	—
4 Whooping Cough ...	M.	1	—	—	—	—	—	—	—	—	—	1
	F.	—	—	—	—	—	—	—	—	—	—	—
5 Diphtheria	M.	—	—	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—	—	—
6 Influenza	M.	1	—	—	—	—	1	4	2	7	15	
	F.	—	—	—	—	1	—	2	1	1	5	
6A Poliomyelitis incl. Polio Encephalitis ...	M.	—	—	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—	—	—
7 Acute In'tious encepha'tis incl. Enc'alitis Lethargica	M.	1	—	—	—	—	—	1	—	—	2	
	F.	1	—	—	1	—	—	—	—	—	2	
8 Meningococcal Infections inc. Cerebrospinal Fever	M.	—	—	—	—	—	—	—	—	—	—	—
	F.	1	—	—	—	—	—	—	—	—	1	
9 Tuberculosis of Respiratory System	M.	1	—	—	—	1	4	11	10	2	29	
	F.	—	—	—	—	—	2	1	1	4	8	
10A Tubercular Meningitis	M.	—	—	—	—	—	—	1	—	—	1	
	F.	—	—	—	—	—	—	1	1	—	2	
10B Tuberculosis of the Abdomen	M.	—	—	—	—	—	—	—	—	—	—	
	F.	—	—	—	—	—	—	—	—	—	—	
10C Tuberculosis of Spinal Column	M.	—	—	—	—	—	—	—	—	—	—	
	F.	—	—	—	—	—	—	—	—	—	—	
10D Tuberculosis of Joints	M.	—	—	—	—	—	—	—	—	—	—	
	F.	—	—	—	—	—	—	—	—	—	—	
10E Disseminated Tuberculosis ...	M.	—	—	—	—	—	—	—	—	—	—	
	F.	—	—	—	—	—	—	—	—	—	—	
10F Tuberculosis of Glands and other parts ...	M.	—	—	—	—	—	—	—	—	—	—	
	F.	—	—	—	—	—	—	—	—	—	—	
11 Syphilis	M.	—	—	—	—	—	—	—	1	—	1	
	F.	—	—	—	—	—	—	—	—	—	—	
12 General Paralysis of Insane, Tabes Dorsalis	M.	—	—	—	—	—	—	—	1	—	1	
	F.	—	—	—	—	—	—	—	—	—	—	
13A Cancer of Buccal Cavity & Pharynx	M.	—	—	—	—	—	1	7	11	5	24	
	F.	—	—	—	—	—	3	5	5	6	19	
13B ,, Digestive Organs & Peritoneum ...	M.	—	—	—	—	1	17	181	151	101	451	
	F.	—	—	—	—	—	12	94	132	182	420	
13C Respiratory Organs	M.	—	—	—	—	—	20	292	209	82	603	
	F.	—	—	—	—	—	4	54	24	18	100	
13D , Genital Organs ...	M.	—	—	—	—	2	3	14	34	36	89	
	F.	—	—	—	—	—	10	74	49	37	170	
13E ,, Breast	M.	—	—	—	—	—	—	2	1	2	5	
	F.	—	—	—	—	—	19	91	54	48	212	
13F ,, Urinary Organs ...	M.	—	1	—	—	—	1	34	25	15	76	
	F.	—	—	—	—	—	1	5	12	17	35	
13G ,, Skin	M.	—	—	—	—	1	—	4	1	1	7	
	F.	—	—	—	—	—	2	3	3	2	10	
13H ,, Other Organs ...	M.	2	—	1	5	4	13	70	37	19	151	
	F.	—	—	—	4	4	12	54	52	41	167	
14 Diabetes	M.	—	—	—	—	1	3	9	9	6	28	
	F.	—	—	—	—	1	4	5	8	10	28	

	Sex	0–	1–	2–	5–	15–	25–	45–	65–	75–	Ages
14A Rheumatic Fever ...	M.	—	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—	—
14B Chronic Rheumatism & Osteo-Arthritis ...	M.	—	—	—	—	—	1	3	3	2	9
	F.	—	—	—	—	—	—	5	9	6	20
15 Cerebral Haemorrhage, etc.	M.	—	—	—	—	4	14	164	228	327	737
	F.	2	—	—	—	2	13	118	255	684	1074
15A Other Nervous Diseases and Sense Organs	M.	5	1	1	2	6	5	29	25	16	90
	F.	1	—	—	1	1	5	20	16	37	81
16 Heart Disease ...		—	—	1	1	3	77	756	534	573	1945
	F.	1	1	—	—	1	22	223	437	1040	1725
17 Aneurysm	M.	—	—	—	—	1	5	18	18	14	56
	F.	—	—	—	1	2	1	14	7	17	42
18 Arteriosclerosis and other Circulatory Dis.	M.	—	—	—	—	—	6	47	45	41	139
	F.	—	—	—	—	—	3	23	50	112	188
19 Bronchitis	M.	5	1	3	—	1	8	158	175	140	491
	F.	3	2	1	1	—	4	31	73	121	236
20 Pneumonia (all forms)	M.	38	3	3	—	—	3	36	43	107	233
	F.	23	5	1	1	—	3	26	52	192	303
21 Other Respiratory Diseases	M.	2	—	—	—	—	3	16	16	12	49
	F.	1	—	—	1	1	1	8	2	9	23
22 Peptic Ulcer	M.	—	—	—	—	—	5	20	25	21	71
	F.	1	—	—	—	—	—	10	7	13	31
23 Diarrhoea and Enteritis	M.	8	2	1	—	—	—	3	1	—	15
	F.	2	1	—	1	—	—	—	1	2	7
24 Appendicitis	M.	—	—	—	—	1	1	1	2	1	6
	F.	—	—	—	—	—	—	—	—	1	1
25 Cirrhosis of Liver ...	M.	—	—	—	—	—	—	14	7	3	24
	F.	—	—	—	—	—	1	8	3	5	17
26 Other Diseases of Liver, etc.	M.	—	—	—	—	—	1	4	6	7	18
	F.	—	—	—	—	—	2	5	6	6	19
27 Other Digestive Diseases	M.	3	—	—	—	2	5	16	18	17	61
	F.	3	—	—	—	—	2	11	21	28	65
28 Acute and Chronic Nephritis	M.	—	—	—	—	2	1	7	3	2	15
	F.	1	—	—	—	1	3	7	4	8	24
28A Other Genito-Urinary Diseases	M.	1	—	—	—	3	4	22	19	50	99
	F.	—	—	—	—	2	5	24	24	35	90
29 Puerperal Sepsis ...	M.	—	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	1	—	—	—	—	1
30 Other Puerperal Causes	M.	—	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	3	2	—	—	—	5
31 Congenital Debility, Premature Birth, Malformations, etc.	M.	157	—	3	3	—	—	—	—	—	163
	F.	128	2	5	1	—	—	—	—	—	136
32 Senility	M.	—	—	—	—	—	—	—	2	32	34
	F.	—	—	—	—	—	—	—	2	87	89
33 Suicide	M.	—	—	—	—	7	18	23	8	4	60
	F.	—	—	—	—	1	6	11	2	6	26
34 Other Violence... ...	M.	6	3	10	14	41	31	57	22	33	217
	F.	10	2	2	5	13	17	19	41	115	224
35 Other Causes	M.	4	1	—	3	3	10	37	26	22	106
	F.	2	3	1	3	9	14	47	30	64	173
All Causes	M.	236	12	23	30	84	261	2061	1718	1700	6125
	F.	180	17	10	20	43	173	999	1384	2954	5780

EPIDEMIOLOGY

Anthrax

A man aged 20 was admitted to hospital on the 22nd July, 1967, with an anthrax pustule on his hand. He worked as a collector of carcases for a bone and meal manufacturer outside the City.

There were no other cases.

Diphtheria

The year 1967 was notable for the absence of any cases of diphtheria. The following table shows the incidence in recent years.

Year	*Cases*	*Deaths*	
1961	2	1	Never immunised.
1962	1	0	Mild case overdue for re-forcing injection.
1963	0	0	
1964	0	0	
1965	0	0	
1966	4	1	The child who died had only had 3 injections and no booster dose. No record of immunisation in one case. One had been immunised in infancy and the other had had three injections and was given a booster dose when the first case was notified.

Dysentery

During the year 674 notifications of dysentery were made to the Department; 96 by hospitals, 130 by the Public Health Laboratory Service and 448 by general practitioners. Twenty-seven of these were subsequently reclassified leaving 647 cases recorded by the Department as confirmed clinically, bacteriologically or by both methods. (In 1966 the Department recorded 729 clinically confirmed cases).

As is usual, children were the most frequent sufferers. For age and sex distribution see page 45.

The seasonal incidence (with 1966 figures in brackets) was as follows:–

1st Quarter	*2nd Quarter*	*3rd Quarter*	*4th Quarter*
216 (118)	200 (163)	120 (145)	111 (303)

Faecal specimens were examined in 299 cases and in 169 of these dysentery organisms were found.

The distribution of the 169 bacteriologically confirmed cases by species and season was as follows:–

	1st Quarter	*2nd Quarter*	*3rd Quarter*	*4th Quarter*	*Totals*
Shigella sonnei	93	48	10	9	160
Shigella flexneri	1	—	7	1	9
Totals	94	48	17	10	169

Shigella flexneri continues to be a rather uncommon organism in this City.

Several outbreaks of diarrhoea were investigated during the year and in four of them Shigella sonnei was isolated.

During the spring term there was an outbreak in a junior and infants' school. Faecal specimens were taken from 139 children and members of the staff known to have been affected. Of these, 46 were positive for Shigella sonnei. In spite of close attention to hygiene, cases continued to occur until the end of term but the Easter holiday brought the outbreak to an end. This outbreak contributed to the unusually large number of bacteriologically positive cases recorded during the first quarter of the year.

In March a ward of a geriatric hospital was affected with diarrhoea but of 19 faecal specimens only two were positive.

In April a few cases of diarrhoea occurred in a home for old people. Of four specimens of faeces, three were positive.

In June a large number of the children in a residential nursery had diarrhoea but of 45 faecal specimens taken from children and staff, only seven were positive.

These outbreaks were used by the Department as opportunities for reiterating general advice on hygiene and the control of infection.

Encephalitis

(*a*) Infective Encephalitis.

Five cases (presumably of virus origin) were notified during 1967, of whom four died. Their ages were:–

Males: 3 months (died); 56 years (died); 67 years.
Females: one week (died); 14 years (died).

The one week old child was one of triplets prematurely born on 2.8.67.

(*b*) Post Infectious Encephalitis, that is encephalitis associated with an infectious disease, was notified four times during the year. Details of these cases were as follows:–

Sex and Age	*Initial Infection*	*Outcome*
Female 14 months	Measles	Died. (See also deaths from measles).
Female 3 years	Measles	Recovered.
Male 3 years	Measles	Recovered.
Male 5 years	Measles	Died (see also deaths from measles).

Food Poisoning

The diagnosis of food poisoning was accepted in 94 cases during 1967. These were distributed as follows:–

1st Quarter	*2nd Quarter*	*3rd Quarter*	*4th Quarter*	*Total*
17 (24)	11 (40)	38 (22)	28 (76)	94 (162)

The figures in brackets refer to 1966.

The following is a summary of the outbreaks and single cases which occurred. An outbreak is defined as a situation where all the cases either probably or certainly are derived from a single contamination or infecting source.

	Outbreaks	*Cases*
	13	54
Outbreaks due to identified agents		
Salmonella typhimurium	1 group other than a family	2
,, ,,	2 Families	4
Salmonella stanley	2 Families	5
Clinically toxin	1 group other than a family	25
Outbreaks of undiscovered cause	7 Families	18

Single Cases

Agent identified 24 Unknown 16 Total 40

Organism	*No. of cases*
Salmonella typhimurium	14
,, stanley	2
,, taksony	1
,, indiana	1
,, thompson	1
,, menston	1
,, dublin	1
,, infantis	1
,, virchow	1
,, enteritidis	1

Outbreaks

Salmonella typhimurium was isolated from the faeces of two elderly residents of an old people's home. No other patients of staff were affected and it was thought that food brought in by the visitors could have been the cause of the infection.

Although investigations were made concerning the two family outbreaks of Salmonella typhimurium which occurred in March and July, the cause of the illness was not discovered.

Pork was suspected as being the cause of 25 members of a firm being taken ill on 17th/18th August with abdominal discomfort, cramp, diarrhoea, headache and nausea. The pork was bought on the 16th August (fresh pork boned and rolled). It was then stored in the refrigerator in the works canteen until it was roasted on the 17th August, sliced on the machine and served at 1230 hrs. with cauliflower, boiled potatoes, prepacked stuffing and gravy. The canteen, storage and preparation facilities were satisfactory and all food handlers were found to be clean and healthy. The lack of bacteriological evidence of contamination and the history of sudden abdominal discomfort, cramp and diarrhoea, suggested the main form of food poisoning.

Leprosy

Public Health (Leprosy) Regulations, 1966

There were 11 registered cases of leprosy, all non-infectious, resident in the City at the beginning of the year.

One known case came to reside in the City and one City resident was newly diagnosed as suffering from leprosy during the year bringing the number of cases in the City to 13. The two additional cases both had a non-infectious form of the disease.

Malaria

Seven cases of malaria were notified during 1967 (four males and three females), all having acquired their infection abroad.

Measles

There was a slight rise in the notification of measles, the waxing and waning incidence of which is demonstrated in the following table of notifications:–

	1st Quarter	*2nd Quarter*	*3rd Quarter*	*4th Quarter*	*Total*
1960	86	64	142	999	1,291
1961	11,500	7,564	729	109	19,902
1962	161	329	246	2,721	3,457
1963	9,652	3,538	682	371	14,243
1964	1,107	2,921	1,514	1,181	6,723
1965	3,195	3,267	1,221	550	8,233
1966	1,398	1,319	1,154	2,968	6,839
1967	6,192	2,808	571	212	9,783

The following table shows the age and sex distribution.

Age	0	*1—2*	*3—4*	*5-9*	*10-14*	*15-19*	*20-24*	*25-34*	*35-44*	*45-54*	*55-64*	*65-74*	*75+*	*Total*
Male ...	224	1556	1610	1561	51	16	6	6	2	—	—	—	—	5032
Female	239	1451	1478	1513	31	20	7	7	4	1	—	—	—	4751

Four children died. Details as follows:–

Sex	*Age*	*Date of Death*	*Remarks*
Male	6 months	20.2.67	Measles in a mongol child, plus bilateral pneumonia.
Male	5 years	10.5.67	Child died from 1a. Circulatory and respiratory collapse; b. measles.
Female	14 months	1.6.67	Baby came from a fairly good back to back home; slept in own cot in parents' bedroom. No other case of measles in the family or households of neighbours. Child died from 1a. Encephalitis following b. measles and c. terminal bronchopneumonia. (See also encephalitis).
Male	5 years	8.8.67	Boy died from encephalitis due to a measles virus. Post mortem was refused. (see also encephalitis).

Meningococcal Infection

There were ten cases of meningococcal infection during 1967 one of whom died. The ages and sexes were as follows:–

Males: 8 months.
Females 7 months, 7 months, 9 months (died), 1½ years, 1½ years, 2 years, 3 years, 5 years, 24 years.

Paratyphoid Fever

During 1967 there were four cases of paratyphoid fever – three males and one female, all of whom recovered.

A student in bacteriology was admitted to hospital on the 22nd February and was found to be suffering from paratyphoid fever phage type 3A. It was established that he had been handling paratyphoid cultures (phage type 3A) in the laboratory. No other cases occurred.

A twenty-three year old man was taken ill on the 3rd August with high temperature, aching limbs and neck. He was admitted to hospital on the 10th August where he was found to be suffering from paratyphoid fever phage type 3A Var. 6. It was assumed that he acquired his infection outside the City as he had been on holiday in Wales from the 14th to 29th July.

Whilst on holiday in Spain an eighteen year old girl was taken ill; on return to England she was admitted to hospital where she was found to be suffering from paratyphoid fever phage type "Taunton".

The fourth case was a man aged twenty-five who worked outside the City. It was his practice to have a meal every Friday near the place of his work with two of his fellow workers, both of whom were taken ill at approximately the same time, 5th November, with diarrhoea, vomiting and abdominal pain. Paratyphoid B. organisms, phage type 1 Var. 2 were isolated from the faeces of the Birmingham man and also from one of his colleagues who had the meal with him.

Pneumonia

Pneumonia is notifiable under the Public Health (Infectious Diseases) Regulations, 1953, only when the disease is primary or when it occurs as the result of an attack of influenza. During 1967 there were 100 notifications of primary pneumonia and 9 of the type following influenza. The age incidence was:–

Age	0	1—2	3—4	5—9	10—14	15—19	20—24	25—34	35—44	45—54	55—64	65—74	75+	*Total*
Notifs. of Primary pneumonia	5	4	8	7	2	1	4	5	8	15	18	13	10	100
Pneumonia following influenza	2	1	1	—	—	—	—	—	—	1	2	2	—	9

The monthly incidence was:–

Month	*Jan.*	*Feb.*	*Mar.*	*Apr.*	*May*	*June*	*July*	*Aug.*	*Sept.*	*Oct.*	*Nov.*	*Dec.*
Notifs. of Primary pneumonia	19	12	12	10	2	7	6	3	6	6	9	8
Pneumonia following influenza	3	—	1	2	—	—	—	—	1	2	—	—

Bronchopneumonia is by far the commonest type of pneumonia and this is not notifiable unless occurring in association with influenza.

Deaths from all types of pneumonia totalled 536 (233 males, 303 females); for the age distribution see page 45.

Poliomyelitis

Once again there were no confirmed cases of poliomyelitis during the year 1967. The following figures summarise the experience in previous years.

1955	*1956*	*1957*	*1958*	*1959*	*1960*	*1961*	*1962*	None
84	7	35	43	9	22	18	5	Since

Limited supplies of killed vaccine became available in 1956 and the live vaccine in substantial amounts in 1962.

Scabies: See page 253.

Scarlet Fever

There were 560 cases of scarlet fever recorded for the year 1967 as compared with 544 for 1966 and 696 in 1965. There were no deaths.

The age group 5–9 years accounted for 51·25 per cent. of the cases.

Smallpox

No cases of smallpox were notified for the year 1967.

Surveillance was however carried out on a number of people who had arrived in England from endemic areas.

Typhoid

Thirteen cases of typhoid fever occurred during 1967, twelve of whom were non-European immigrants' families, (mostly Asians), and who for the most part had not resided long in England.

There were no deaths.

The age and sex distribution was as follows:–

Males :	12 years, 14 years, 18 years, 23 years, 30 years, 31 years, 33 years, 34 years, 38 years, 40 years
Females :	19 months, 3½ years, 20 years.

Details are set out below.

The only European, an Italian aged 30 years, was taken ill about a week after returning on the 13th February from a holiday in Italy; he was admitted to hospital on the 12th March and confirmed as a case of typhoid fever phage type A.

Notification was received of an Indian child aged 19 months being admitted to hospital on the 29th June and confirmed as a case of typhoid fever phage type 46. On investigation it was found that the parents had come from India three years ago and were in good health. Specimens of faeces were however taken from them which showed that they were carriers of typhoid, phage type 46.

A 31 year old Pakistani arrived in the City on the 23rd June and was admitted to hospital suffering from typhoid fever, phage – degraded Vi strain. His onset was about seven days after his arrival and it was assumed that he had acquired his infection abroad.

A West Indian girl aged $3\frac{3}{4}$ years, with her brother aged 2 years, came from London on 28th June to Birmingham to stay with relatives. On the 19th July she was admitted to hospital with a pyrexia of unknown origin and was later confirmed as a case of typhoid fever, phage type E.1. On the 24th July the parents took the child from hospital back to London where she was re-admitted to hospital on the 26th July. Her brother was admitted to hospital in London on the 27th July and was also confirmed as a case of typhoid fever, phage type E.1. Our investigations here were hampered by a most unco-operative family but it was presumed that a known carrier of typhoid organisms, phage type E.1., (aunt of the children's mother) was the cause of the infection, she being resident at the house in Birmingham at the same time as the children.

On the 3rd and 5th August two brothers aged 12 years and 18 years (Indians) were admitted to the infectious diseases hospital and confirmed as suffering from typhoid fever. They had been in England for some years but investigation of the family showed their mother to be a typhoid carrier, phage type E.1. The phage type of the 12 year old boy was also E.1. but the culture from his 18 year old brother failed to grow and was therefore not typed.

The two cases which occurred on the 14th and 18th August (female aged 20 years and a male aged 23 years) had both only been in this country a very short while, having arrived from Pakistan on the 6th August, 1967. Their phage types were "A" and "untypeable" respectively.

Two young men aged 34 years and 40 years were admitted to hospital on the 5th September, two to three weeks after their arrival in England from Pakistan. Their phage types were a degraded Vi strain and type A. respectively.

The remaining three confirmed cases of typhoid fever were all males aged 38 years, 33 years and 14 years. They were admitted to hospital on the 21st September, 13th November and 9th December respectively soon after their arrival in the City from Pakistan. Their phage types were as follows:–

38 year old male	... ...	had a positive widal but as no organism was available no phage typing was carried out.
33 year old male	... ...	Degraded Vi strain
14 year old male	... ...	Untypeable Vi strain.

Venereal Diseases

Once again thanks are due to Dr. W. Fowler, Consultant in Venereology, for the information set out below concerning patients attending the General Hospital.

In 1967 the position regarding venereal disease showed little change in Birmingham except that the incidence of early syphilis continued to decrease.

GONORRHOEA

There was a very slight increase (1 per cent.) in the total number of cases. However, it will be recalled that as applied to gonorrhoea the term "case" refers to one attack of gonorrhoea, not to one individual, and that one individual may be responsible for a number of "cases" in the course of a year. Actually there were 41 more male patients and 19 more female patients than in 1966.

	New Cases		
	Male	*Female*	*Total*
1966	1,751	629	2,380
1967	1,781	630	2,411
	New Patients		
1966	1,485	548	2,033
1967	1,526	567	2,093

Racial Incidence

The incidence continued to climb in British males who provided 18 per cent. more (114 cases) than in 1966. There was also a substantial increase in the number of cases accounted for by Southern Irishmen (24 per cent.). It may be recalled that after declining for four years there was an increase in incidence in West Indian males in 1966 – this trend has been reversed and 6 per cent. fewer cases were accounted for by West Indians than in the previous year. Also, there were 28 per cent. fewer cases in men from Asia. This was the first time since 1962 that the incidence curve had taken a downward course in these men. So far as females were concerned there were 4 more cases in women born in this country and 14 more cases in West Indian women. The other racial groups provided fewer cases than before.

RACIAL INCIDENCE

	Male		*Female*	
	1966	*1967*	*1966*	*1967*
British	622	736	477	481
W. Indian	564	531	58	72
S. Irish	176	219	79	70
Asiatics	312	224	8	3
Others	77	70	7	3

Teenage Incidence

There were 25 per cent more male cases (29 cases) and four more female cases than in the previous year. None of the youths was under 16 years of age while in the females there were 3 fewer cases in this age group than in 1966. The proportion of the total female cases accounted for by teenagers increased very slightly from 36·5 per cent. to 37 per cent. The proportion of cases among male youths increased from 6·8 per cent. to 8·1 per cent.

New Cases

	Male		*Female*	
Age	*1966*	*1967*	*1966*	*1967*
under 16 ...	1	—	22	19
16 — 17 ...	33	45	72	79
18 — 19 ...	82	100	136	136
	116	145	230	234

Penicillin Sensitivity

As in previous years the initial cure rate of Penicillin remains above 95 per cent. However, a large dosage of Penicillin is required now to achieve this and strains of gonococci partially insensitive to Penicillin are increasing in numbers . . . e.g. 21·7 per cent. of strains of gonococci now have the minimum inhibitory concentration of Penicillin of 0·4 units whereas in 1960 only 1·5 per cent. of strains had as high a minimum inhibitory concentration.

NON-GONOCOCCAL URETHRITIS

861 cases, 2 cases more than in 1966, were treated during the year. It is interesting to note that the incidence is more than double that of ten years ago when there were 347 cases. Lack of knowledge of the natural history of this group of conditions still makes it impossible to explain this rise in incidence.

SYPHILIS

Early Infectious

The incidence of early syphilis, which had shown a marked decline in 1966, continued to decline during the past year.

	Male		*Female*	
	1966	*1967*	*1966*	*1967*
Primary ...	42	14	4	2
Secondary ...	7	16	11	15
Early latent ...	3	4	14	8
	52	34	29	25

Racial Incidence (*Primary and secondary syphilis only*)

33 patients were natives of this country, 7 more cases than in the previous year, while, as can be seen below, other nationalities accounted for fewer infections than in 1966.

	Male		*Female*	
	1966	*1967*	*1966*	*1967*
British	14	17	12	16
West Indian	4	1	—	—
Asiatic	17	9	1	—
S. Ireland	3	2	1	1
Others	1	1	1	—
	39	30	15	17

Age Incidence (*Primary and secondary syphilis only*)

There were no patients under 17 years of age – 1 male and 2 females were between the age of 18 and 19 years and the remainder were over 20 years of age.

Place of Infection

11 of the female patients and 21 of the male patients contracted the disease in Birmingham, 2 females and 3 males were infected in other parts of the country and 1 man contracted the disease overseas. In the 9 remaining cases it was impossible to determine whether or not the infection has been contracted in Birmingham.

Late Syphilis

A diagnosis of late syphilis was made in 47 cases as against 64 cases in the previous year. The nationalities of these patients were as follows: British 21, West Indians 15, Southern Irish 6 and Asiatics 5.

Syphilis in Pregnancy

Of the females treated for syphilis 15 were pregnant when the diagnosis was made (the corresponding figure in 1966 was 19 cases). Of these patients 5 were born in this country, 5 were West Indians, 3 patients were Irish and 2 were Asiatics. In fourteen cases the infant was normal – the remaining patient defaulted.

Congenital Syphilis

There were two cases of congenital syphilis in infancy. In neither instance did the mother have antenatal care. Also, congenital syphilis was diagnosed in five older cases – 1 of these patients was under and the other four patients over 15 years of age.

Chancroid, Granuloma Inguinale, Lymphogranuloma Venereum and Yaws

None of the first three diseases were diagnosed in 1967, while there were only 18 cases of Yaws (34 cases in 1966). 3 of these cases had late bone involvement, the others presented no clinical evidence of active disease.

OTHER CONDITIONS

This category includes patients with diseases of the genitalia or lower genito-urinary tract which have to be differentiated from the venereal diseases, patients who have been in contact with venereal disease, and individuals who require a certificate of freedom from venereal disease. The number of patients in this category decreased by 1·6 per cent.

	1966	*1967*
Cases requiring treatment ...	1,041	1,179
Cases requiring no treatment ...	2,721	2,523
	3,762	3,702

As in the past, prostitutes played a very minor role in the spread of gonorrhoea, being responsible for only 11 per cent. of the male cases (13 per cent. in 1966). On the other hand, of the 30 male patients with early syphilis 9 patients (33 per cent.) contracted the disease from prostitutes. However, this is some improvement over the previous year when 56 per cent. of the men had been infected by prostitutes.

CONTACT TRACING AND CASE HOLDING

In November 1966 four part-time "Contact tracers" were employed – their main purpose being to interview those patients who were unaware of the identity of the person who had infected them and to obtain sufficient information to allow them to locate and bring the latter person for treatment. Unfortunately, sickness among the contact tracers seriously curtailed their work and it is not possible yet to give a worthwhile appreciation of their value. However, 444 individuals who were possibly suffering from gonorrhoea were brought for examination and 265 patients were found to have the disease. 25 contacts of patients with primary and secondary syphilis were examined and 4 of these were found to be infected.

Case holding continued to be difficult, mainly due to the high proportion of patients who gave false names and addresses (at least 25 per cent.) but was attended with much more success in 1967 than in any previous year.

COMMENT

Gonorrhoea is more prevalent in Birmingham now than ever before. For all practical purposes the increase in incidence was confined to men born in the British Isles, West Indians and Asiatics providing fewer cases than in the previous year. So far as the latter are concerned, this is the first time since 1962 that there has been any decline in incidence. This might well be associated with the arrival in this country of large numbers of wives and families, and if so, this downward trend can be expected to continue. On the other hand, except for 1966, the incidence of gonorrhoea has been decreasing steadily each year since 1962 in West Indian males. The disease is still much more prevalent in these men than in the local male population but it would appear that more and more of them are feeling settled in this country and it is not improbable that the incidence curve will continue its downward trend for some time yet.

For some years now gonorrhoea has been so prevalent that any promiscuous intercourse must carry a high risk of infection. From what has been said above it will be seen that the proportion of the male coloured population liable to be exposed to infection appears to be decreasing. The proportion of the white male population similarly liable is continually being added to as boys grow up. It is not surprising then that the incidence of gonorrhoea continues to increase in men born in the British Isles and difficult to imagine that there can be any marked reduction in the level of this disease in Birmingham so long as the present "permissive" attitude to promiscuity persists.

The incidence of early syphilis has continued to decline in the country generally as well as in Birmingham, and it would seem extremely unlikely that infectious syphilis will present any serious threat to public health. However, it would appear that the infection is still endemic in the City and, this being so, there is always a possibility of small outbreaks of the disease.

Late syphilis is becoming rare and with the continuing decrease in early syphilis it would appear unlikely that the former will present any problem in the future.

Of the other diseases mentioned above, only non-gonococcal urethritis is of importance. It is impossible to predict incidence tendencies in this condition but in the light of past experience it would appear likely that the incidence will continue to increase.

NUMBERS OF NEW BIRMINGHAM CASES OF VENEREAL DISEASES TREATED YEAR BY YEAR SINCE 1950 (OR 1953 AS NECESSARY)

Year	*Syphilis*	*Soft Chancre*	*Gonorrhoea*	*Other Cases*
1950	295	—	462	2,978
1951	208	—	525	2,366
1952	188	—	676	2,364
1953	148	—	571	2,352
1954	135	—	446	2,275
1955	156	—	463	2,431
1956	188	—	875	2,492
1957	192	—	1,138	2,213
1958	133	—	1,223	2,106
1959	129	—	1,244	2,189
1960	112	—	1,559	2,680
1961	157	—	2,091	3,286
1962	137	—	2,099	3,292
1963	114	—	2,018	3,579
1964	109	—	1,943	3,746
1965	176	—	1,915	3,798
1966	129	—	2,125	4,005
1967	107	—	2,136	3,918

VENEREAL DISEASE TREATED IN BIRMINGHAM HOSPITALS

	Name of Hospital	*Syphilitic conditions*	*Gonorrhoea*	*Other conditions*
New cases coming under treatment during 1967	General	122	2,411	4,597
	Children's	—	—	11
TOTAL number of attendances during 1967	General	2,857	9,093	14,834
	Children's	—	—	27
Cases discharged after completion of treatment and for observation	General	108	2,894	3,770
	Children's	—	—	11
Cases transferred from other centres	General	6	10	6
	Children's	—	—	—

Weil's Disease

There were two cases of Weil's disease during the year as follows:–

On the 19th June, 1967 a 37 year old man was admitted to hospital with considerable fever. He had purpuric spots on the elbows and lower limbs and developed considerable jaundice; the liver function tests carried out conformed to the pattern of a parenchymatous jaundice. On the 27th June the agglutinations were positive at 1/100 for lepto. copenhageni and 1/30 for lepto. canincola. A week previous to his admission to hospital he had been working on a building site down a dirty drain. He came from a good home, where there was no evidence of rat infestation and no other persons in the house were ill.

The second case occurred on the 15th December when a 21 year old man who worked in an abattoir was taken ill with headache, aching of legs and back and had dark yellow urine. He was admitted to hospital on the 21st December and confirmed as a case of leptospirosis (copenhageni). There was no trace of rats at his home, which was in a new block of flats and neither his wife nor child had been ill. Investigations at the abattoir showed signs of a small rat infestation for which treatment was commenced.

Whooping Cough

There were 778 notifications of whooping cough during 1967 as compared with the following experience in previous years:–

1966	*1965*	*1964*	*1963*	*1962*	*1961*	*1960*
856	419	760	1,068	319	513	1,572

At the time, the notifications in 1961 and 1962 constituted low records.

In 1967 the notifications reached their peak in the week ending 25th November when 31 were received. Children under the age of 15 years accounted for 773 of the 778 notified cases and 10·5 per cent. of the 778 were under one year of age and 67 per cent. under five years of age.

One child died from whooping cough. This was a month old baby boy who developed a cough about the 28th July. He was admitted to hospital on the 8th August and died on the 18th August from 1a. Bronchopneumonia and b. whooping cough. His sister aged 2 years 11 months had been ill with whooping cough in June.

Public Health (Aircraft) Regulations 1952

Health Control of 332 aircraft arriving at Birmingham Airport, Elmdon, during 1967 from outside the "excepted area" was carried out uneventfully.

Confirmed Cases

AGES

Wards	*Sex*	*0*	*1–2*	*3–4*	*5–9*	*10–14*	*15–19*	*20–24*	*25–34*	*35–44*	*45–54*	*55–64*	*65–74*	*75 up*	*Totals*
Anthrax	M	—	—	—	—	—	—	1	—	—	—	—	—	—	1
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	M	27	69	38	70	13	13	10	42	12	11	6	4	2	317
	F	26	47	39	65	17	11	31	39	16	15	11	5	8	330
Encephalitis	M	1	—	—	—	—	—	—	—	—	—	1	1	—	3
Acute Infective ...	F	1	—	—	—	1	—	—	—	—	—	—	—	—	2
Encephalitis	M	—	—	1	1	—	—	—	—	—	—	—	—	—	2
Post Infectious ...	F	—	1	1	—	—	—	—	—	—	—	—	—	—	2
Erysipelas	M	—	—	—	1	1	—	—	—	1	3	7	7	2	22
	F	—	—	—	—	—	4	—	1	2	5	8	9	3	32
Food Poisoning ...	M	2	3	1	7	5	—	2	12	11	8	2	2	—	50
	F	2	2	2	3	4	4	2	8	8	3	3	1	2	44
Leprosy	M	—	—	—	—	—	—	—	—	—	1	—	—	—	1
	F	—	—	—	—	—	—	1	—	—	—	—	—	—	1
Malaria	M	—	—	—	—	—	3	1	—	—	—	—	—	—	4
	F	—	—	—	1	--	—	—	2	—	—	—	—	—	3
Measles	M	224	1556	1610	1561	51	16	6	6	2	—	—	—	—	5,032
	F	239	1451	1478	1513	31	20	7	7	4	1	—	—	—	4,751
Meningococcal	M	1	—	—	—	—	—	—	—	—	—	—	—	—	1
Infection ...	F	3	3	1	1	—	—	1	—	—	—	—	—	—	9
Ophthalmia	M	125	—	—	—	—	—	—	—	—	—	—	—	—	125
Neonatorum ...	F	129	—	—	—	—	—	—	—	—	—	—	—	—	129
Paratyphoid	M	—	—	—	—	—	—	2	1	—	—	—	—	—	3
Fever	F	—	—	—	—	—	1	—	—	—	—	—	—	—	1
Poliomyelitis	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Paralytic... ...	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Poliomyelitis	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Non-Paralytic ...	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia ...	M	3	2	7	4	2	1	3	3	6	8	11	10	6	66
	F	4	3	2	3	—	—	1	2	2	8	9	5	4	43
Puerperal	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pyrexia	F	—	—	—	—	1	15	51	71	22	2	—	—	—	162
Scarlet Fever ...	M	1	40	71	144	15	10	2	—	—	—	—	—	—	283
	F	—	24	64	143	33	8	4	1	—	—	—	—	—	277
Smallpox	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid Fever ...	M	—	—	—	—	2	1	1	4	2	—	—	—	—	10
	F	—	1	1	—	—	—	1	—	—	—	—	—	—	3
Whooping Cough ...	M	42	102	108	105	4	1	—	1	—	—	—	—	—	363
	F	40	108	123	130	11	1	—	2	—	—	—	—	—	415

International Certificates of Vaccination

Under the International Sanitary Regulations, 1952, 16,490 International Certificates of Vaccination against smallpox and cholera were checked, stamped and countersigned. In recent years the numbers dealt with were as follows:–

1961	*1962*	*1963*	*1964*	*1965*	*1966*	*1967*
7,005	*30,243	9,569	11,465	15,116	*55,004	16,490

* increase due to occurrence of smallpox in country.

IMMUNISATION

(Sections 26 and 28 National Health Service Act, 1946)

Immunisation statistics for the year show a general improvement compared with those for 1966 as demonstrated by the following figures, abstracted from the detailed tables which follow:–

	1967	*1966*
Children who completed primary immunisation against diphtheria	20,451	17,897
Children who completed primary immunisation against poliomyelitis	23,092	19,915
Children who received reinforcing immunisation against diphtheria	14,388	11,909
Children who received reinforcing immunisation against poliomyelitis	14,265	10,151

These increases are distributed between Health Department clinics and general practitioners.

A considerable part of the work of the Immunisation Section is concerned with keeping up to date the immunisation records of the City's child population. To maintain accuracy it is necessary not only to record immunisations as they are performed but also, for example, to note changes of address as they are brought to our attention. In the case of children below school age alone, some 28,000 changes of address are known to occur each year.

B.C.G. VACCINATION

	1967	*1966*
Total number of vaccinations	13,827	13,855
Total number ot injections	33,455	34,597

School Children (13 year old)

During the year 11,460 children had B.C.G. vaccination in schools, as compared with 11,470 in 1966.

The parents of 14,542 children were approached and of these 13,454 (92·5 per cent.) accepted the skin test and vaccination with B.C.G.

During the period 14,139 were skin tested. Of these 856 had been previously vaccinated either through contact clinics or by special request in this City or elsewhere. (The number skin tested during the year is greater than the number who accepted because there is always a "carry over' from one year to the next).

Table 1 – Children not previously vaccinated

Number skin tested	13,283
Number positive	871
Number doubtful	106
Number failed to attend for reading of test	679
Number negative	11,627
Number vaccinated with B.C.G.	11,460

One hundred and sixty-seven children who gave a negative reaction to skin test were not vaccinated for various reasons; swimming, illness, etc. A number of these were later tested and vaccinated.

The percentage of positive reactors amongst those not previously vaccinated is less than last year:–

1958	*1959*	*1960*	*1961*	*1962*	*1963*	*1964*	*1965*	*1966*	*1967*
11·9%	9·4%	8·9%	7·9%	7·5%	8·1%	10·4%	8·8%	10·6%	6·9%

Table 2 – Children who had previously been vaccinated

Number skin tested	856
Number positive	836
Number doubtful	5
Number failed to attend for reading of test	7
Number negative	8
Number re-vaccinated with B.C.G.	5

A sample of children from each school, vaccinated with B.C.G. during the previous year, was given a conversion skin test:–

Number skin tested	899
Number of skin tests read	849
Number converted	799=94·1%
Number negative	42*
Number doubtful	8
Number failed to attend for reading of test	50

*4 children who gave a negative reaction to the conversion test were re-vaccinated at the request of the parents.

Two members of staff at schools were skin tested: both were vaccinated with B.C.G.

School Children X-rayed during 1967

Of the 14,139 initially skin tested 1,707 were found to give a positive reaction (836 children who had been previously vaccinated and 871 who had not been previously vaccinated).

Of these children 1,688 were offered X-ray during 1967, the rest will be given appointments during 1968.

Also 28 children who were found to give a positive reaction in 1966 were X-rayed in 1967.

X-ray appointments offered	1,716
Failed to attend	107
X-rayed during preceding 12 months	28
Abnormal	21
Normal	1,560

Children whose parents refuse skin testing or vaccination are offered X-ray. There were 1,087 refusals during 1967 and 1,039 were offered X-ray appointments. The rest will be offered during 1968. Also 14 children whose parents refused in 1966 were offered X-ray during 1967.

X-ray appointments offered	1,053
Failed to attend	339
X-rayed during preceding 12 months	25
Abnormal	10
Normal	679

There were 961 children who were absent from school during the visit of the B.C.G. team and who did not attend the special clinics arranged during the school holidays. 947 were offered X-ray appointments during 1967 and the rest will be offered during 1968 –

X-ray appointments offered (409 from 1966)	1,356
Failed to attend	883
X-rayed during preceding 12 months	28
Abnormal	2
Normal	443

Appointments for X-ray were offered to children for whom vaccination with B.C.G. was inadvisable.

X-ray appointments offered	137
Failed to attend	73
X-rayed during preceding 12 months	2
Abnormal	2
Normal	60

A case of tuberculosis occurred in each of 4 city schools and entailed extra visits for the purpose of testing all contacts and vaccinating where necessary.

X-rays were offered to positives in the usual way.

Notifications in 1967 of Tuberculosis in school children previously Tuberculin tested or vaccinated with B.C.G.

Two who were	tuberculin positive	in		1955
One who was	,,	,,	,,	1960
Two who were	,,	,,	,,	1961
Two who were	,,	,,	,,	1963
Six who were	,,	,,	,,	1966
Seven who were	,,	,,	,,	1967

One who was	vaccinated with B.C.G.	in		1954
One who was	,,	,,	,,	1955
One who was	,,	,,	,,	1956
One who was	,,	,,	,,	1958
One who was	,,	,,	,,	1959
One who was	,,	,,	,,	1960
One who was	,,	,,	,,	1962
One who was	,,	,,	,,	1963
Two who were	,,	,,	,,	1964
One who was	,,	,,	,,	1966

One child was notified in 1967 whose parents refused skin test, etc., in 1965.

One child was notified in 1967 whose parents refused skin test, etc., at the time the school was screened following a case of tuberculosis in 1966.

One child was notified in 1967 whose parents consented to skin test, etc., in 1962: child was absent for the reading of the skin test given at school and failed to attend Central Clinics and X-ray.

Three-year follow-up by X-ray of Mantoux Positive Children

Mid 1963 – Mid 1964

Number of appointments offered	633
Failed to attend	403
Normal	225
Abnormal	5

Contacts of Tuberculous Patients: Hospital and Public Health Staffs

During 1967 ninety-four clinics were held at the Public Health Department and two visits were made to a city hospital in connection with vaccination of staff of the hospital:–

Number of skin tests	1,865
Number positive	184
Number doubtful	5
Number who failed to attend for reading of test	102
Number negative	1,574
Number vaccinated with B.C.G.	1,623

Fourteen negative reactors to Mantoux test were not vaccinated for various reasons.

The number vaccinated includes 17 babies at the Maternity Hospital and 46 babies direct from the Maternity Hospital, vaccinated without preliminary skin test.

Conversion tests to check the efficiency of the vaccination are carried out on this group who are at greater risk than the normal population:–

Number of conversion tests	1,395	
Number converted	1,188	
Number negative	44	(7 re-vaccinated)
Number doubtful	15	
Number who failed to attend for reading of test	148	

During the year B.C.G. vaccination was again made available to babies and children of Asian parents:–

Number of Mantoux tests	854
Number positive	19
Number who failed to attend for reading of test	98
Number negative	737
Number vaccinated with B.C.G.	725

Visitors

Thirty-nine visits were paid to the Section by doctors and nurses of other authorities and countries for the purpose of observing the B.C.G. clinics.

VACCINATION AGAINST SMALLPOX

Records were received of the following **vaccinations by general practitioners** of children in the City under the age of 16 years:–

Successful primary vaccination	8,618
Re-vaccinations	339

In addition there were 413 persons, **vaccinated by the staff of the Department.** All these, with the exception of twenty, were re-vaccinations. The majority were members of the Public Health Department or Ambulance staff who might be at immediate risk if a case of smallpox occurred in the City. The remainder were persons travelling abroad at short notice who were unable to arrange vaccination by a

general practitioner. The total number of known smallpox vaccinations in the City, by age group, is as follows:–

Age at date of vaccination	*Under 1 year*	*1 year*	*2 – 4 years*	*5 – 15 years*	*16 years and over*
No. of primary vaccinations	1,042	5,076	2,099	411	10
Number of re-vaccinations	—	7	80	268	377

International Certificates of Vaccination

During 1967, under the International Sanitary Regulations, 1952, 16,490 International Certificates of Vaccination against smallpox and cholera were checked, stamped and countersigned. In recent years, the numbers dealt with were as follows:–

1956	*1957*	*1958*	*1959*	*1960*	*1961*	**1962*	*1963*
4,113	7,587	4,205	4,073	5,207	7,005	30,243	9,569

1964	*1965*	**1966*	*1967*
11,465	15,116	59,477	16,490

*increase due to occurrence of smallpox in the country.

YELLOW FEVER VACCINATION

As in previous years yellow fever vaccination clinics were held on Wednesday afternoons between 1400 and 1500 hours. Appointments are not necessary for these clinics. An International Certificate is issued at the time of vaccination and a charge is made.

During the year 2,195 persons were vaccinated against yellow fever. Of these 704 attended from addresses within the City and 1,491 from outside. Vaccinations was performed at times other than the normal clinic session for the benefit of 94 people who had to travel at very short notice. Thirty-eight members of H.M. Forces and 4 members of their families attended the Birmingham clinic for yellow fever vaccination.

	Under 9 months of age	*9 months– 5 years*	*6 – 21 years*	*22 – 70 years*	*Over 70 years*
Persons vaccinated	nil	171	356	1,633	35

DIPHTHERIA, PERTUSSIS, TETANUS, POLIOMYELITIS

UMBER OF PERSONS WHO COMPLETED A PRIMARY COURSE DURING 1967

irth		1967	1966	1965	1964	1963	1962	1961	1960	1959	1958	1957	1956	1955	1954	1953	1952	Children Total	Adult Total
	Diph.	1	7	6	8	4	14	2					1					43	--
	Diph. Tet.	68	1,109	444	222	301	381	174	142	58	47	38	16	6				3,006	—
	Diph. Pertus.		2	1														3	—
	Triple	1222	4,172	524	186	3	6											6,113	—
	Tet.		2	1	6	17	46	84	79	32	31	22	21	16	12	15	9	393	30
	Polio	1534	6,114	910	513	552	624	296	180	53	68	53	36	22	13	20	18	11,006	51
	Diph.				1	1												2	—
	Diph.– Tet.		19	4	8	4	1											36	—
	Diph.– Pertus.																	—	—
	Triple	8	87	10	4													109	—
	Tet.						1											1	—
	Polio	8	112	21	15	8	5											169	—
	Diph.								1									1	—
	Diph.– Tet.				1	3	3	6	14	9	7	7	5	2				57	—
	Diph.– Pertus.																	—	—
	Triple		1															1	—
	Tet.													2	7	4		13	—
	Polio	1			1	1		1				1	1	2	6	5	3	22	2
	Diph.							2	1		3	2	2					10	—
	Diph.– Tet.					3	53	65	116	130	81	63	14	2				527	—
	Diph.– Pertus.																	—	—
	Triple																	—	—
	Tet.				1		1	26	52	58	49	83	158	195	117	128	102	970	49
	Polio				2	3	13	126	160	220	176	185	197	149	69	56	36	1,392	36

DIPHTHERIA, PERTUSSIS, TETANUS ,POLIOMYELITIS

NUMBER OF PERSONS WHO COMPLETED A PRIMARY COURSE DURING 1967 (Co

Year of Birth		*1967*	*1966*	*1965*	*1964*	*1963*	*1962*	*1961*	*1960*	*1959*	*1958*	*1957*	*1956*	*1955*	*1954*	*1953*	*1952*	*Children Total*
Council House	DIPH.									1	1		1					3
	DIPH.–TET.		1			1	1	20	48	41	35	27	26	4				204
	DIPH.–PERTUS.																	—
	TRIPLE	3																3
	TET.							9	20	16	18	22	22	49	61	70	60	347
	POLIO	4	2	2	2	3	42	77	44	37	33	26	34	36	40	33		415
Meat Market	TET.																	—
	POLIO																	—
	TET. POLIO																	—
General Practitioners	DIPH.		5	2	5	6	18	10	3	2	3		1			1		56
	DIPH.–TET.	16	122	47	35	32	49	23	18	12	9	7	6	6	8	3	1	394
	DIPH.–PERTUS.		2	4	4	3	2											15
	TRIPLE	1,866	6,070	961	305	201	207	67	56	21	19	11	13	8	9	11	4	9,82
	TET.	7	28	29	62	61	72	96	104	145	153	169	232	194	198	188	148	1,88
	QUAD		6	4	10	11	4	2	2									3
	POLIO	1,469	5,894	1,220	371	292	326	148	98	49	36	32	30	22	23	17	22	10,04
Totals	DIPH.	1	12	8	14	11	32	14	5	3	7	2	5			1		11
	DIPH.–TET.	84	1,251	495	266	344	488	288	338	250	179	142	67	20	8	3	1	4,22
	DIPH.–PERTUS.		4	5	4	3	2											1
	TRIPLE	3,099	10330	1,495	495	204	213	67	56	21	19	11	13	8	9	11	4	16,05
	TET.	7	30	30	69	78	120	215	255	251	251	296	433	456	395	405	319	3,61
	QUAD		6	4	10	11	4	2	2									3
	POLIO	3,016	12122	2,153	904	859	1,010	648	482	359	313	297	298	231	151	131	79	23,05
Grand Totals		6,207	23755	4,190	1,762	1,510	1,869	1,234	1138	884	769	748	816	715	563	551	403	47,1

Under 1 year	1 – 4 years	5 – 15 years	Gr
6,207	31,217	9,690	

DIPHTHERIA, PERTUSSIS, TETANUS, POLIOMYELITIS

NUMBER OF PERSONS WHO RECEIVED REINFORCING INJECTIONS

AND DOSES DURING 1967

Birth		1967	1966	1965	1964	1963	1962	1961	1960	1959	1958	1957	1956	1955	1954	1953	1952	Children Total	Adults Total
	Diph.		3	7	1	28	43	6	7	2	1	1	1					100	—
	Diph.–Tet.					2,867	3,197	418	224	85	55	30	11	5				6,892	—
	Diph.–Pertus.																	—	—
	Triple																	—	—
	Tet.			1		5	63	136	104	39	35	52	58	24	34	19	7	577	21
	Polio			2	10	2,883	3,129	310	179	84	52	29	16	9	3	8	28	6,742	17
	Diph.																	—	—
	Diph.–Tet.					25	56		1									82	—
	Diph. Pertus.																	—	—
	Triple																	—	—
	Tet.						1											1	—
	Polio					27	53											80	—
	Diph.																	—	—
	Diph.–Tet.					1		1	1	2								5	—
	Diph.–Pertus.																	—	—
	Triple																	—	—
	Tet.						1	4		5	4	5	6	5	14	25	16	85	8
	Polio					1		1	1	2				1	1	1		8	—
	Diph.							2	1	1		2	2					8	—
	Diph.–Tet.						5	35	44	32	32	43	39	10				240	—
	Diph.–Pertus.																	—	—
	Triple																	—	—
	Tet.							14	55	62	83	122	89	38	2		1	466	—
	Polio				7	16	61	143	120	123	113	126	209	236	178	192	106	1,630	160

DIPHTHERIA, PERTUSSIS, TETANUS, POLIOMYELITIS
NUMBER OF PERSONS WHO RECEIVED REINFORCING INJECTIONS AND DOSES DURING 1967 (CONTINUED)

Year of Birth		*1967*	*1966*	*1965*	*1964*	*1963*	*1962*	*1961*	*1960*	*1959*	*1958*	*1957*	*1956*	*1955*	*1954*	*1953*	*1952*	*Children Total*
Council House	DIPH.							1	1		3	1	1	1				8
	DIPH.–TET.					38	4	30	32	28	20	13	12	8	14	9	4	212
	DIPH.–PERTUS.																	—
	TRIPLE																	—
	TET.							9	27	32	33	34	57	60	45	64	45	406
	POLIO					35	16	21	29	38	20	17	16	18	22	19	22	273
Meat Market	TET.																	—
Home Address	POLIO																	—
General Practitioners	DIPH.		4	3	3	25	114	42	31	18	9	4	4	2	2		1	262
	DIPH.–TET.	1	21	61	71	667	1,342	298	145	74	38	18	25	12	6	4	3	2,786
	DIPH.–PERTUS.						4	4	2									10
	TRIPLE		147	466	91	664	1,761	350	141	57	31	25	11	8	3		2	3,757
	TET.		13	37	52	75	111	111	108	115	136	145	150	137	135	118	106	1,549
	QUAD			2	1	2	8	5	6	2								26
	POLIO	1	81	173	143	1,043	2,729	578	291	139	97	77	50	42	21	16	25	5,506
Totals	DIPH.		7	10	4	53	157	51	40	21	13	8	8	3	2		1	378
	DIPH.–TET.	1	21	61	71	3,598	4,604	782	447	221	145	104	87	35	20	13	7	10,217
	DIPH.–PERTUS.						4	4	2									10
	TRIPLE		147	466	91	664	1,761	350	141	57	31	25	11	8	3		2	3,757
	TET.		13	38	52	80	176	274	294	253	291	358	360	264	230	226	175	3,084
	QUAD			2	1	2	8	5	6	2								26
	POLIO	1	81	175	160	4,005	5,988	1,053	620	386	282	249	291	306	225	236	181	14,239
Grand Totals		2	269	752	379	8,402	12,698	2,519	1,550	940	762	744	757	616	480	475	366	31,711

0 – 4 Years	5 – 15 Years	Grand
9,804	21,907	35,2

LABORATORY SERVICES

(a) ANALYTICAL LABORATORY

Samples examined during the year totalled 8,683 and were made up as follows:–

Samples taken under the Food and Drugs Act, 1955:–		
Milks (1,974 for composition, 4 for pesticides) ...	1,978	
Other Foods	2,356	
Drugs	619	
		4,953
Special drugs (Research Section)		321
Miscellaneous samples		3,409
		8,683

The testing by gas and thin layer chromatography of 44 samples of food of various kinds for pesticide residues was one of the more important projects undertaken during the period under review. These samples represented Birmingham's contribution to a National Pesticides in Food Survey sponsored by local authorities and the Association of Public Analysts. The work has, with a few exceptions, been found virtually to resolve itself into the identification and estimation of one or more of five "persistent" organochlorine pesticides, namely aldrin, dieldrin, D.D.T., B.H.C. and heptachlor. Results for the first year of the two-year survey were reassuring in that, although a high percentage of foods contained one or more of these pesticides, the amounts present were very small.

Food and Drugs Act, 1955

Foods. The number of incorrect foods reported during the year remained at a very satisfactory low level. Out of a total of 4,334 samples, 264 or 6·1 per cent. received adverse reports, but of these 238 were of genuine though sub-standard milk, i.e. the real rate of "adulteration" was only 0·6 per cent. Much of the credit for this happy state of affairs is owing to the massive food legislation begun in 1946 and continuing vigorously in 1967.

Milk. Samples of churn milk taken totalled 1,856 and of bottled milk 118, the average composition of all these specimens being 3·68 per cent. fat and 8·69 per cent. solids-not-fat, making a total solids content of 12·37 per cent. The Sale of Milk Regulations specify presumptive minimum limits of quality of 3·0 per cent. fat and 8·5 per cent. solids-not-fat. Milk of composition below these limits is not necessarily adulterated, but can be the result of natural causes. The Freezing Point Test is invaluable

for detecting the presence of added water, and 12 samples were shown by this test to be so adulterated. In one case a churn of milk from a three-churn consignment contained 10·9 per cent. extraneous water. Formal follow-up sampling gave genuine but sub-standard milk, and the farmer concerned was cautioned by the Medical Officer of Health. The remaining adulterated specimens contained traces only of water and their sources were kept under observation: further sampling produced genuine milk in all cases. In addition to the 12 watered milks, two contained traces of blood and one a quantity of colostrum.

Samples of milk sub-standard from natural causes numbered 238, of which 79 were deficient in fat, 143 in solids-not-fat and 16 in both fat and solids-not-fat. These figures show an undesirable increase over the corresponding figures for 1966 which included only 124 samples of sub-standard milk. Except in borderline cases, the farmers concerned were notified by the Medical Officer of Health and advised to seek the help of their local Agricultural Advisory Officer.

Other Incorrect Foods. Only 11 specimens out of a total of 2,356 were mislabelled, adulterated or failed to satisfy legal requirements. Among the more interesting samples was one of a lemon cream pie, imported from abroad, which was found to contain imitation cream contrary to Section 47 of the Food & Drugs Act, 1955. The importers at once agreed to delete the word "cream" from the description which, incidentally, was perfectly legal in its country of origin. Samples of beef dripping, condensed milk and lemon pie filling were judged unfit for human consumption and referred to the Chief Public Health Inspector.

A bottle of concentrated orange squash labelled to the effect that it contained 15 mg. Vitamin C per fluid ounce was found to have only 9 mg. whilst a repeat sample contained only 3 mg. per fluid ounce. Correspondence revealed that a factory oversight had inadvertently caused the omission of fortification with Vitamin C.

Two specimens of blackcurrant health drink were incorrectly labelled. In one case the expression "rich in Vitamin C" was used but, contrary to the Labelling of Food Order, 1953, no indication of the amount present was given. In the second case the labelling implied that more blackcurrant juice than normal was present when, in fact, the very minimum prescribed by law, namely 10 per cent. was actually present. In both cases revised labels were submitted for our approval.

Some quinine tonic water, required to contain at least 0·5 grain quinine sulphate per pint, actually contained only 0·31 grain. The bottle was of clear glass, and it is well known that sunlight decomposes quinine in solution. This fact was pointed out to the vendor concerned.

Incorrect Drugs. Those drugs, taken informally under the Food & Drugs Act, are representative of the simpler less potent remedies obtainable by members of the public without a doctor's prescription.

Specimens in this category numbered 619, of which only ten were classed as unsatisfactory. The more potent drugs such as barbiturate sleeping tablets, antibiotics and hormones, which require a doctor's prescription, can be taken formally under the Food & Drugs Act, but this procedure has several drawbacks and, in Birmingham, testing of this important section of drugs has been carried out under a voluntary scheme (the Birmingham Drug Testing Scheme – see later) organised with the full co-operation of local pharmacists.

Vitamin tablets stated to contain 4,000 units of Vitamin A contained only 1,340 units and were also slightly deficient in Vitamin C. Remaining stock was removed from sale, and it was subsequently found that the manufacturers had ceased production of this unsatisfactory product 12 months ago.

The B.P.C. requires ammoniated tincture of quinine to contain between 0·85 and 1·05 per cent. $^{w}/_{v}$ ammonia whereas only 0·50 per cent. was present in one sample. The inner protective plastic liner of the bottle was faulty and a repeat sample was shown to be genuine. Another sample of the same product contained only 0·31 per cent. $^{w}/_{v}$ ammonia and was obviously old stock.

A specimen of fluoride toothpaste was stated to contain 0·6 per cent. sodium fluoride and this was confirmed by analysis. The same sample was also shown to contain 8·5 per cent. **undeclared** calcium fluoride, contrary to the Pharmacy & Medicines Act, 1941. Doubts were expressed to the manufacturers concerning the necessity of incorporating this considerable amount of a second fluoride in such a product.

Some cold and 'flu' powders were claimed to contain 50 per cent. aspirin and 35 per cent. phenacetin, when in fact 60 per cent. and 29 per cent. respectively of the two drugs were present. In addition, the stated weight of the powders was considerably in excess of the actual weight. The matter was taken up with the manufacturers.

Some so called bismuth tablets, when examined, were found to be marked individually "morphia and ipecac B.P.", and this labelling was confirmed by analysis. A thorough investigation was made by the pharmacist concerned.

A bottle of Children's Diarrhoea Mixture was incompletely labelled in that, although proportionate amounts of ingredients were stated, the actual amounts present were not indicated. A corrected label was submitted for our inspection.

A sample of acne tablets had two active ingredients, neither of which was judged to be of value for the treatment of acne. An exchange of views took place with the manufacturers.

A packet of indigestion tablets had a label giving the percentage of active ingredients per tablet and in brackets the amount in milligrams. The latter was only half the actual quantity present, and the manufacturers who had used the same label for many years were "astounded" by this fact. Some aspirin tablets were not labelled with the amount of aspirin per tablet, as required by law. In all cases appropriate remedial action was taken.

Local Drug Testing Scheme. By arrangement between the Health Committee and local pharmacists, a member of the Research Laboratory staff is permitted to visit local pharmacies and select any drug from the shelves for analysis. This scheme, which was initiated in 1956, enables those drugs which can only be obtained on a doctor's prescription to be sampled easily and with the minimum of formality, and it also permits series sampling of ordinary drugs to be undertaken.

Following the untimely death of Mr. F. G. Stock in 1966, Mr. L. W. Hinson was promoted to the position of Research Chemist and commenced his duties, which include those of sampler, on 1st April, 1967. From that date until the end of the year, 117 pharmacies were visited and 285 samples were taken for analysis. Results on the more important samples were as follows:–

Drug	*Number of Samples*	*Number Incorrect*
Effervescent potassium tablets	36	11
Glyceryl trinitrate tablets	47	14
Iron preparations	38	—
Penicillin preparations	35	1
Tetracycline preparations	12	—
Phenylbutazone tablets	13	—
Nitrofurantoin Tablets	11	—
Compound aspirin	10	2

Incorrect Samples

Effervescent Potassium Tablets. Eleven samples failed the solubility in water test. The B.P.C. requires this tablet to dissolve in water at 20 C. within three minutes, whereas the incorrect tablets took about ten minutes. The manufacturer concerned re-formulated this preparation, which is now prepared and packed under humidity-controlled conditions.

Glyceryl Trynitrate Tablets. The B.P. requires this tablet to contain 85 – 115 per cent. of the declared amount of active ingredient. Various batches of one manufacturer's tablets consistently assayed between 80 – 84 per cent. These were re-formulated and now comply with B.P. requirements.

Penicillin Tablets. One sample of Penicillin G tablets labelled 250 mg. was found to be 50 per cent. deficient. These were sugar-coated tablets and by outward appearance, size and weight were quite normal. Following correspondence with the manufacturer, the deficient batch was withdrawn from sale.

Aspirin Tablets. Compound Tablets of Aspirin and Dover's Powder B.P.C., whilst being one of the older remedies, are still prescribed in at least one district of the City. Two samples from the same manufacturer had a high content of free salicylic acid clearly visible as shiny crystals on the surface of the tablets, which amounted to 4 per cent. when calculated on the amount of aspirin present (0·6 per cent. is a reasonable maximum).

Hospital Samples

Thirty-six samples of drugs were analysed in the Research Laboratory on behalf of the Birmingham and Midland Hospitals Pharmacy Committee.

Miscellaneous Samples not taken under the Food and Drugs Act.

These totalled 3,409 and were made up as follows:–

Public Health Department		
Pasteurised (1,112) and sterilised (254) milks ...	1,366	
Ice cream (313) and ice lollies (22)	335	
Air pollution	192	
Waters	659	
Food Inspection Section	43	
Miscellaneous	190	
		2,785
Other Corporation Departments and Committees		
Waters	262	
Miscellaneous	138	
		400
Private Samples		224
		3,409

Milk, Ice Cream and Ice Lollies. Only four designations of milk are legally permitted in this country, namely, untreated, pasteurised, sterilised and ultra heat-treated. Most of the milk sold in Birmingham is either pasteurised or sterilised and official tests are laid down to check the efficiency of the heat-treatment. The Phosphatase Test is the specified test for pasteurised milk and the Turbidity Test is used for sterilised milk. During the year only one sample of the latter proved to be underheated, and all samples of pasteurised milk passed the official test. All the 313 samples of ice cream tested satisfied legal compositional requirements for fat and skim-milk-solids. Ordinary non-dairy ice cream must also satisfy stringent labelling requirements to distinguish it from dairy ice cream,

the fat of which must be all milk fat. Six specimens of ordinary ice cream were incorrectly labelled. All 22 ice lollies were found to be free from metallic contamination.

Waters. The Public Health and Water Departments combined in submitting a total of 921 samples of water and effluents, most from various parts of the distribution systems of both the Birmingham Elan Valley Supply and Whitacre Supply to certain Midland towns. Towards the end of the year the Birmingham supply was supplemented by a small proportion of treated River Severn Water piped from Trimpley. This had the barely noticeable effect of increasing the hardness of the Elan Valley Supply from 21 to about 24 mg $CaCO_3$ per litre. A much greater proportion of River Severn water, however, will be added later. Fluoridation of the Elan Valley Supply to Birmingham is now firmly established, and the Trimpley supplemental supply will also be fluoridated to the officially approved level of 1·0 p.p.m. fluoride (calculated as F).

Samples Other than Water. During the year the Food Inspection Section became the responsibility of the Chief Public Health Inspector, and 43 samples of food were received from this source for examination. One of canned Irish cooking butter was particularly interesting in that it had a deep yellow colour and an extremely strong odour, but was certainly not rancid: this butter is specifically produced for a certain small section of the community. A specimen of Fruesli was heavily infested with mites. A smoked cod fillet, which stained wrapping paper yellow and left the fish almost colourless after standing for a while, came under suspicion: the fillet was lightly smoked and coloured with a food dye, tartrazine, to give it an attractive appearance. This colouring is legitimate, as tartrazine is a permitted food colour, but nevertheless it can be used to cover up inadequate smoking. Some turkey intestines were examined for poisons with negative results, and two whole turkeys that had been deep frozen for a year were tested to ascertain whether any rancidity had developed in the fat.

Miscellaneous. An automatic drink measurer made of metal and imported from abroad was suspected of being a potential "lead" hazard to health, but the vessel was found to be made of pure aluminium only. A black deposit on the leaves of a lily of the valley plant was identified by a museum expert as a black parasitic fungus, and was not therefore due to atmospheric pollution as had been thought. Two samples of benzyl benzoate cream (used for scabies) were found to be of varying effectiveness: they were shown to contain precisely the same amount of active ingredient, but the suspect sample had a much lower viscosity due to poor formulation.

During 1967, seventy-seven samples of urine were examined by gas chromatography for the presence of amphetamine and methyl amphetamine, but all specimens were negative for these two drugs.

Other Corporation Departments. Apart from the 262 samples of water received from the Water Department and already mentioned, a wide range of samples totalling 138 was received from the Central Purchasing and other Departments of the Corporation. The greatest proportion of these consisted of soaps, detergents, paints and soft drinks submitted for contract purposes.

Private Individuals and Institutions. Cases involving foreign matter in food numbered 80. Mould, of course, was responsible for most of the complaints. A number of small grey spherical objects in a can of salmon proved to be fish eggs, and "glass" in another can of salmon struvite crystals of natural origin and consisting of magnesium ammonium phosphate. Two slugs were found in a bottle of pasteurised milk, but positive phosphatase tests on the creatures proved that they could not have passed through the pasteurising process and must have gained access after the bottle had been opened. A small thin worm in some fried fish and chips was identified as a parasitic fish worm, not uncommonly found in cod. Perhaps the most surprising "find" by a housewife was the discovery of a dried fish tail and fish spine in a bag of flour. There seemed a distinct possibility that the housewife herself had introduced these into the flour on the occasion of a previous fish flouring. A one-and-a-half inch long cotter pin in a loaf of bread caused a consumer to brake a tooth on the offending object. Some porridge meal contained black particles identified as rodent excreta, and a box of cheese portions was found to be mouldy and to have live cheese mites also present.

Quality complaints numbered 44. Some liver disintegrated when cooked – a fault found in canned imported liver kept too long in storage. A specimen of dripping was shown to be very rancid (acid value 23 – normal value 2), as were also some coconut pyramids which had been coated with rancid coconut (acid value 11·2 – normal value 0·2).

Where appropriate, complaints of poor quality food and cases of foreign matter in food were passed to the Chief Public Health Inspector for further action (prosecution in the worst cases).

Miscellaneous investigations included several requests for drug tablet identification. Anti-smoking tablets were found to contain iron sulphate only. Suspect instant coffee was proved to have been "doctored", as a joke, with a small quantity of burn sienna – a harmless addition, but one requiring a great deal of self control to appreciate. Local hospitals submitted a number of samples of sausage, orange squash and bottled milk for quality checks, and some interesting specimens were received from local Trades Union organisations concerned with the risk to health of workers handling certain chemicals.

Progress in Food Legislation. The two committees set up by the Government, namely, the Food Standards Committee and the Food Additives and Contaminants Committee, exercise a watching brief over the purity, composition and labelling of food sold in this country. Steps in the setting up of new legislation follow the pattern of Committee Report, Proposals for Regulations and, finally, New Regulations, with appropriate time intervals between the steps to allow for discussion between all parties concerned. In 1967 the following publications were issued:–

Reports	Food Standards Committee Report on Cream.
	Food Additives and Contaminants Committee Second Report on Cyclamates
Proposals ...	For Regulations for Claims and Misleading Descriptions on Labels and Advertisements of Food.
New Regulations	The Meat Pie and Sausage Regulations.
	The Canned Meat Products Regulations.
	The Sausage and Other Meat Products Regulations.
	The Artificial Sweeteners in Food Regulations.
	The Solvents in Food Regulations.
	The Labelling of Food Regulations.
	The Ice Cream Regulations.
	The Coffee and Coffee Products Regulations.
	The Margarine Regulations.

Two Regulations merit special mention. Firstly, the Artificial Sweeteners in Food Regulations, which permit the use of saccharin or cyclamates in food as artificial sweeteners. Although saccharin has been known for many years, cyclamates are relatively new: they are some thirty times as sweet as sugar – saccharin is 550 times as sweet – but do not have the same unpleasant after-taste as saccharin. They may be used in all foods, except soft drinks and ice cream, without limitation. The introduction of cyclamates generally into food has aroused considerable controversy because it has been noticed that they are not excreted entirely unchanged but, in certain cases, a small proportion is excreted as cyclohexylamine, about which chemical not a great deal is known. Whilst recognising that further work needs to be done on the excretion products of cyclamates, the Government has decided that no risk to health is involved and regulations permitting cyclamates to be used should continue in force. Secondly, the new Labelling of Food Regulations, which replace the first historic 1953 Order, deserve comment. Generally there is an all round tightening of requirements in the new Regulations which, however, do not include control over claims and misleading food descriptions on labels and advertisements – such control is to be exercised separately. The alterations that will have to be made to existing labels are fairly considerable and will entail the spending of large sums of money by

manufacturers, some of whom have protested strongly and drawn attention to the difficult economic climate of 1968. However, much of the new Regulations will not be operative for several years, and it will be possible to make label and other changes gradually.

Consumer Protection. The need for adequate consumer protection in this increasingly complex technological age was recognised in 1961 with the passing of the Consumer Protection Act, 1961, by which the Secretary of State was empowered to make regulations imposing requirements in respect of any prescribed class of goods, to prevent or reduce risk of death or personal injury. One set of regulations brought out during the year under review were the Toys (Safety) Regulations, 1967, which prohibit the use of celluloid in toys other than ping-pong balls and impose restrictions in relation to the paint which may be used on toys. Lead pigments such as lead chromate have frequently been found in the past in considerable amount in the paint of many wooden and metallic toys. These new Regulations should eliminate a not inconsiderable potential danger to the health of children.

(b) PUBLIC HEALTH LABORATORY

Dr. J. G. P. Hutchison, Director of the Public Health Laboratory, has kindly supplied the following information:–

SPECIMENS EXAMINED FOR THE CITY OF BIRMINGHAM

From January 1st to December 31st, 1967

Type of specimen	*Totals*
Throat swabs	76
Swabs, various	189
Sputa for tubercle bacilli	50
Faeces for pathogenic organisms	3,507
Bloods for agglutination	244
Urines for pathogenic organisms	952
Milks for hygienic assay	1,197
Milks for brucellosis	223
Ice creams for hygienic assay	837
Synthetic creams for hygienic assay	221
Creams for hygienic assay	350
Waters for hygienic assay	1,760
Waters for pathogenic organisms	7
Foodstuffs for pathogenic organisms	127
Shellfish for hygienic assay	111
Milk churns and containers for hygienic assay	76
Specimens for virus culture	10
Miscellaneous specimens	80
	10,017

VENEREAL DISEASES EXAMINATIONS FOR BIRMINGHAM FOR THE YEAR ENDING 31ST DECEMBER, 1967

Specimens		*Examinations*	
Bloods	35,678	For Wassermann Test ...	35,557
		,, Gono. Fixation Test ...	1,030
		,, Kahn Test	23,690
		,, Laughlen Test	117
		,, Reiter P.C.F. Test ...	459
		,, Paul Bunnell Test ...	5
C.S. Fluid	612	For Wassermann Test ...	612
		,, Cell count	120
Films	12,177	For Gonorrhoea	12,177
Cultures	12,850	,, Gonorrhoea	12,850
		,, Sensitivity	77
TOTAL ...	61,317	TOTAL	86,694

Blood specimens for Wassermann reactions examined during the Year ending 31st December, 1967 from Birmingham Ante-Natal Centres and Maternity Hospitals.

	Number of Specimens	*"Diagnostic" Reactors*
From Ante-Natal Centres:	3,953	13
From Maternity Hospitals:	7,793	39

TUBERCULOSIS

Notifications

The number of new notifications of tuberculosis in 1967 was 649, giving a rate of 0·59 per 1,000 population: both these figures are the lowest recorded, though the fall from the figures of the previous two years is small. Looked at over a longer period the fall is rather more satisfactory as both the number of notifications and the rate are about one half what they were fifteen years ago. The fall in notifications was entirely in the respiratory form of the disease, with a slight increase in non-respiratory notifications.

Tuberculosis in Immigrants

The relatively high notification rates in immigrants continued in 1967, and in fact just over half of all persons notified were born outside the United Kingdom: 47·3per cent. were born in England, Scotland and Wales, 9·1 per cent. in Ireland, 43·6 per cent. elsewhere in the World, mostly Asia, (Table 8).

Within the immigrant group, the change in pattern noted in last year's report has been continued: the number of notifications of Asian women and children continues to increase, but notifications of adult males from Asia declined between 1966 and 1967. The number of notifications of West Indians continues at about the same level as previously, and much below the figures for those from Asia.

Table 9 shows the place of birth of the parents of children under 15 years of age notified in 1967, and also indicates the place of birth of the children. The pattern noted in the last two years is continued and perhaps accentuated – all the children of English or Irish parents were born in this country, and the great majority (11 of 14) of those born of West Indian parents were also born in this country. The Asian group differs, in that only 18 of 49 of Indian parentage were born in this country; and only 1 of 17 of Pakistani parentage. The proportion born abroad is naturally greater in the older children than in the younger children.

Respiratory Tuberculosis

Notifications of respiratory tuberculosis declined from 586 to 529: the fall occurred entirely in notifications of males, down from 413 to 356, while the notifications for females were unchanged at 173. This difference is presumably due to the fact recorded above of continuing immigration of dependents, with a considerable reduction in the immigration of adult males from Asia. The fall in males occurred mainly between ages 20 to 34 years, again suggesting that it is related to a fall in notifications of immigrants. There was also a welcome fall at age 45-54 years, a group in which the number of notifications has tended to persist at a relatively high level. There is no particular age pattern discernible in the unchanged total of notifications for women.

Non-Respiratory Tuberculosis

The number of notifications increased from 106 to 120, the highest figure for 10 years. The total for males was unchanged at 60, and the increase occurred wholly amongst females, with a rise from 46 to 60. The greatest increase in women occurred at ages 25-34 years, but no really consistent age pattern is discernible. The sites of disease contributing most to the total, and with the biggest increases, were glandular tuberculosis, tuberculosis of bones and joints and abdominal tuberculosis, (Table 6).

Bacterial Drug Resistance

The available information on this subject is given below to the end of 1966, because of the unavoidable time-lag before the results can be obtained. The number of cases found to be excreting drug resistant organisms on diagnosis was 18, the highest figure recorded for any single year. Here again, the increase is due entirely to tuberculosis in immigrants, as 12 of these newly diagnosed resistant cases were immigrants (10 from Asia) compared with 3 in 1965. The number of primary drug resistant cases born in this country was unchanged at 6.

The number of cases first found to be excreting resistant organisms during or after treatment (acquired resistance) was 12, the lowest figure so far recorded, and there are only two immigrants in this group.

Probably the most important figure from the public health aspect is the number of patients who continue to excrete drug resistant bacilli over a period of time. This figure continues to show a reasonably satisfactory decline, being 25 at the end of 1966, the lowest figure recorded.

	Number of patients first found to be excreting drug-resistant bacilli		*Number of patients continuing to excrete drug-resistant bacilli for more than 1 year*
	On diagnosis	*During or after treatment*	
1956	7	90	—
1957	13	101	46
1958	8	39	67
1959	7	19	61
1960	10	18	67
1961	12	29	47
1962	9	15	45
1963	6	16	41
1964	11	19	31
1965	9	16	34
1966	18	12	25

Mortality

The number of deaths attributed to tuberculosis fell quite substantially to 40, having been 49 and 50 in the two preceding years, and much greater in earlier years. The tuberculosis death rate was unchanged at 0·04 per 1,000.

Respiratory Tuberculosis

The major part of the fall in mortality occurred for respiratory tuberculosis, with the number of deaths reduced from 45 to 37, and the rate reduced from 0·04 to 0·03 per 1,000. The majority of deaths from respiratory tuberculosis continued to occur in the older age-groups, and nearly half (17) of the deaths were in persons aged 65 years or more.

Two deaths occurred in persons aged less than 25 years. One infant aged seven months died from miliary tuberculosis, with meningitis: this child was born in Birmingham to West Indian parents, and a source of infection was subsequently found amongst relatives. An immigrant from Asia aged 19 years died in hospital of tuberculosis after an operation to correct a congenital defect of the heart.

Non-Respiratory Tuberculosis

There were three deaths attributed to non-respiratory tuberculosis. All were aged more than 45 years, a male and a female dying of tuberculous meningitis and a female of a tuberculoma of the brain.

Deaths of Persons not Notified Before Death

Of the 40 persons certified as dying from tuberculosis, 26 had been notified before death, and formal notifications were received after post-mortem examination for four. The remaining 10 were notified only by the Registrar.

Prevention and Control of Tuberculosis

A considerable amount of work is undertaken each year to prevent the occurrence of tuberculosis, and to limit its spread in the community when a new case is discovered. It seems appropriate to summarise here the various measures undertaken in the attempt to control tuberculosis, though the detailed figures of some aspects are more appropriately recorded elsewhere in this report.

Schools' B.C.G. Scheme

The scheme for B.C.G. vaccination of tuberculin negative school children at about age 13 years is the most widespread measure for the control of tuberculosis. This work is carried out by the Immunisation

Section and, in addition to the vaccination of tuberculin negative school children, those found tuberculin positive and those not participating in the skin testing scheme are offered x-ray examination at the Chest Radiology Centre. Children giving a strongly positive tuberculin reaction are offered a further x-ray approximately three years after their skin test. The numbers tested, vaccinated and x-rayed in the various parts of this scheme are reported in the section on Immunisation.

Control measures are also offered to families of children giving strongly positive tuberculin tests. This is done by the tuberculosis health visitors calling on these families to give the results of the chest x-ray of the tuberculin positive child as soon as the result is known: at the same time she offers to tuberculin test any other children in the family and to arrange x-ray examination at the Chest Clinic for any child found positive. The older members of the household are offered the opportunity of x-ray examination, either at the Chest Radiology Centre, or sometimes with the children at the Chest Clinic.

The number of visits and examinations in carrying out this scheme during 1967 are given below.

Visits to households of strongly tuberculin positive children ...	2,253
Chest x-rays—at the Chest Radiology Centre...	611
at the Chest Clinic	178

B.C.G. Vaccination of Babies Born into Asian Households

Because of the relatively high notification rate of Asian immigrants, babies born into these households are at much greater risk of infection in infancy, and B.C.G. vaccination is therefore offered for them as soon after birth as possible. The figures are given in the section on Immunisation, and in addition the tuberculosis health visitors paid 591 visits to these households in arranging the vaccinations and checking the conversion tests.

Visits to Newly Arrived Immigrants

Since 1965 the address to which a newly arrived long-stay immigrant is planning to go has been forwarded from the port of entry to the medical officer of health for the area of the address. When such advice notes are received in Birmingham, a visit is made as soon as possible to the address by a public health inspector, advising the immigrant to register with a general practitioner and, if over 14 years of age, advising attendance at the Chest Radiology Centre for chest x-ray. Arrangements are made for children under 14 years to have a tuberculin test and B.C.G. vaccination if negative. This involves a very heavy work load for the Department.

Control Measures Based on the Notified Case

All persons living in the same house as a newly notified case of tuberculosis, all frequent visitors and those relatives living elsewhere are offered appropriate protective measures and examination. In brief, this means a tuberculin test for children under 13 years of age, with B.C.G. vaccination for those found negative, and examination including x-ray and probably follow-up examinations at the Chest Clinic for those found tuberculin positive. Contacts over age 13 years are offered x-ray examination, either at the Chest Clinic or at the Chest Radiology Centre: those aged 13-30 years are offered further x-rays at yearly intervals for two or three years at the Chest Radiology Centre.

The health visitors made a total of 16,953 visits during the year in carrying out the various parts of this scheme, including the follow-up of patients on chemotherapy as described below. The staff of tuberculosis health visitors was reduced from seven to six during the year, and for an area in the north of the City the tuberculosis health visiting was transferred to the general duty health visitors: this was a substantial extension of the scheme undertaken on a pilot basis in the Treaford Lane Clinic area in the last two years. During the year 2,088 household contacts were x-rayed at the Chest Radiology Centre, and 858 at the Chest Clinic.

Whenever possible, arrangements are made for the x-ray examination of work contacts of newly diagnosed cases, especially if they are known to be very infectious. It is very difficult to organise a standard scheme to carry out this routinely, partly because of the enormous variation in the size of offices and factories. For small groups, arrangements can usually be made for the individual to attend the mass radiography centre, while for larger groups arrangements can be made for a mobile radiography unit to visit the place of work.

Follow-up and After Care of Patients

Whilst patients remain on chemotherapy (usually about two years from diagnosis) the health visitor calls approximately monthly to remind the patient of the importance of continuing regularly with treatment. The patient is also seen regularly at the Chest Clinic, at rather longer intervals.

Material help was given to patients in the following ways during the year.

Grants of free milk	633
Issues of beds, bedding or nursing utensils	26
Grants for clothing or fuel from Tippett's Bequest Fund	33
Disinfections	6

Rehousing

Families of notified tuberculosis patients are given help with rehousing if the existing home conditions are unsatisfactory. To an increasing extent this is done by the allocation of "points" because of health, and fewer families are being rehoused under the special quota for health reasons. During 1967, applications for help with rehousing were considered from 322 families, 245 being allocated additional points for health reasons, and 46 being recommended for rehousing from the quota. The number of families actually rehoused during the year was 191, 156 under the points scheme and 35 from the special quota.

Rehabilitation

Only one patient was actually interviewed by the Disablement Resettlement Officer and Physician jointly, but 105 were helped by written reports on their capacity for work. Seven patients attended courses at the Industrial Rehabilitation Unit.

There were no new admissions to the Remploy Factory, and the number of patients at the factory who have been treated for tuberculosis was reduced by one to 36.

Table 1

TUBERCULOSIS—ALL FORMS

Primary Notifications and Deaths for the Years 1901—1967

	Primary Notifications	*Rate per 1,000 population*	*Deaths*	*Rate per 1,000 population*
1901—1910 (average)	—	—	1,309	1·65
1911—1920 (,,)	—	—	1,284	1·46
1921—1930 (,,)	1,824	1·91	1,031	1·08
1931—1940 (,,)	1,284	1·24	883	0·85
1941—1945 (,,)	1,258	1·29	793	0·82
1946—1950 (,,)	1,308	1·21	660	0·61
1951—1955 (,,)	1,321	1·18	292	0·26
1956	1,136	1·02	161	0·15
1957	973	0·88	145	0·13
1958	1,039	0·95	143	0·13
1959	793	0.73	104	0.10
1960	870	0·80	88	0·08
1961	809	0·73	82	0·07
1962	757	0·68	80	0.07
1963	725	0·65	84	0.08
1964	742	0·67	65	0·06
1965	673	0·61	50	0·05
1966	692	0·63	49	0·04
1967	**649**	**0.59**	**40**	**0.04**

Table 2

RESPIRATORY TUBERCULOSIS

Primary Notifications and Deaths for the Years 1901—1967

	Primary Notifications	*Rate per* 1,000 *Population*	*Deaths*	*Rate per* 1,000 *Population*
1901—1910 average)	—	—	993	1·25
1911—1920 (,,)	—	—	1,059	1.20
1921—1930 (,,)	1,533	1·61	892	0.94
1931—1940 (,,)	1,082	1·05	793	0·76
1941—1945 (,,)	1,096	1·13	712	0.73
1946—1950 (,,)	1,151	1·07	608	0·56
1951—1955 (,,)	1,183	1·06	272	0·24
1956	1,029	0·93	150	0·14
1957	844	0·77	134	0·12
1958	926	0.85	137	0·13
1959	704	0·64	96	0·09
1960	778	0·71	79	0·07
1961	705	0·64	76	0·07
1962	671	0·60	74	0·07
1963	625	0·56	75	0·07
1964	633	0·57	61	0·06
1965	563	0·51	46	0·04
1966	586	0·53	45	0·04
1967	**529**	**0.48**	**37**	**0.03**

Table 3

NON-RESPIRATORY TUBERCULOSIS

Primary Notifications and Deaths for the Years 1901—1967

	Primary Notifications	*Rate per* 1,000 *Population*	*Deaths*	*Rate per* 1,000 *Population*
1901—1910 (average)	—	—	317	0·40
1911—1920 (,,)	—	—	224	0·26
1921—1930 (,,)	290	0·31	139	0·14
1931—1940 (,,)	202	0·19	90	0·09
1941—1945 (,,)	162	0·16	81	0·09
1946—1950 (,,)	157	0·15	52	0·05
1951—1955 (,,)	139	0·12	20	0·02
1956	107	0·10	11	0·01
1957	129	0·12	11	0·01
1958	113	0·10	6	0·01
1959	89	0·08	8	0·01
1960	92	0·08	9	0·01
1961	104	0·09	6	0·01
1962	86	0·08	6	0·01
1963	100	0·09	9	0·00
1964	109	0·10	4	0·00
1965	110	0·10	4	0·00
1966	106	0·10	4	0·00
1967	**120**	**0.11**	**3**	**0·00**

TABLE 4

NOTIFICATIONS OF RESPIRATORY TUBERCULOSIS BY SEX AND AGE GROUP

Age Group	*Males*					*Females*				
Years	*1953/55* (*Mean*)	*1965*	*1966*	*1967*	*1965/67* (*Mean*)	*1953/55* (*Mean*)	*1965*	*1966*	*1967*	*1965/67* (*Mean*)
0—4	39	15	24	26	22	32	24	25	31	27
5—9	34	11	11	21	14	36	10	18	10	13
10—14	29	5	18	12	12	29	7	8	19	11
15—19	64	16	27	26	23	75	12	7	13	11
20—24	64	35	34	23	31	73	19	27	18	21
25—34	114	95	81	55	77	112	34	21	26	27
35—44	101	60	48	60	56	53	31	29	23	28
45—54	112	76	76	55	69	30	12	17	11	13
55—64	92	56	50	48	51	23	11	7	9	9
65+	34	28	44	30	34	14	6	14	13	11
All Ages	683	397	413	356	389	477	166	173	173	171

TABLE 5

NOTIFICATIONS OF NON-RESPIRATORY TUBERCULOSIS BY SEX AND AGE GROUP

Age Group	*Males*					*Females*				
Years	*1953/55* (*Mean*)	*1965*	*1966*	*1967*	*1965/67* (*Mean*)	*1953/55* (*Mean*)	*1965*	*1966*	*1967*	*1965/67* (*Mean*)
0—4	5	2	5	3	3	8	1	3	4	3
5—9	12	1	0	1	1	7	2	2	2	2
10—14	5	3	1	3	2	7	0	1	1	1
15—19	6	4	4	5	4	10	2	5	6	4
20—24	9	8	7	10	8	11	7	6	4	6
25—34	14	23	22	15	20	15	12	10	16	13
35—44	3	13	11	14	13	6	10	10	11	10
45—54	5	9	5	7	7	4	4	3	6	4
55—64	2	2	3	1	2	2	4	1	3	3
65+	2	1	2	1	1	2	2	5	7	5
All Ages	63	66	60	60	62	72	44	46	60	50

TABLE 6

NOTIFICATION OF NON-RESPIRATORY TUBERCULOSIS BY SITE OF DISEASE (ALL AGES, BOTH SEXES)

Disseminated	2
Meningitis	5
Bones, joints and spine	22
Abdomen	16
Glands	61
Other sites	14
TOTAL	120

TABLE 7

DEATHS FROM RESPIRATORY TUBERCULOSIS BY SEX AND AGE GROUP

Age Group Years	*Males*	*Females*
0–4	1	0
5–14	0	0
15–24	1	0
25–44	4	2
45–64	11	1
65+	12	5
ALL AGES	29	8

TABLE 8

PLACE OF BIRTH OF INDIVIDUALS NOTIFIED AS SUFFERING FROM TUBERCULOSIS IN BIRMINGHAM

	1956/57 (Mean)	*1958/59 (Mean)*	*1960*	*1961*	*1962*	*1963*	*1964*	*1965*	*1966*	*1967*
British Isles										
England	773	626	550	513	455	411	394	316	332	283
Scotland	15	8	13	12	14	12	9	10	9	8
Wales	19	16	13	9	10	22	12	9	11	16
Ireland	131	122	124	97	91	81	83	73	67	59
Rest of Europe	12	10	9	8	9	6	8	8	5	7
Asia										
India	27	26	21	17	26	39	56	73	91	112
Pakistan	26	60	91	90	109	111	132	137	141	127
Others	9	13	1 (All Aden)	12	6	14	13	12	6	4
Africa	4	2	2	4	3	5	4	4	7	6
America										
West Indies	11	13	27	25	20	11	15	26	13	20
Others	1	2	1	0	0	1	1	0	2	0
Not Known	26	18	18	22	14	12	15	5	8	7
TOTALS	1,054	916	870	809	757	725	742	673	692	649

TABLE 9

NOTIFICATIONS OF TUBERCULOSIS (ALL FORMS) IN CHILDREN IN BIRMINGHAM 1967

Place of birth of parents	*Age group of children notified (years)*				*No. of children born in U.K.*
	0–4	*5–9*	*10–14*	*0–14*	
U.K.	20	11	8	39	39
Ireland	8	6	0	14	14
Pakistan	4	4	9	17	1
India	24	10	15	49	18
British Caribbean ...	6	5	3	14	11
	62	36	35	133	
No. of children born in U.K.	53	22	8	—	83

CARE OF MOTHERS AND YOUNG CHILDREN

(Section 22 – National Health Service Act, 1946)

DAY NURSERIES

On the 31st December, 1967, there were 955 places in 20 day nurseries under the care of the Health Authority and there was a continuing waiting admission list. It is disappointing to note that the average daily attendance has fallen from 747 in 1964 to 703 in 1967. In 1964 there were 174 non-priority children on the registers as compared with a monthly average of 74 in 1967. In general, the percentage monthly attendance of non-priority children is over 93 per cent. as compared with 67 per cent. of the priority group.

The reasons for this fall in average daily attendance are many. Children of problem families or near problem families such as those who unfailingly get into financial difficulties, are poor in attendance. Handicapped children miss days as they are slightly more prone to intermittent infection or because their parents do not wish to take them to the nursery in bad weather. A new phenomenon of Monday morning absenteeism is noted amongst priority admissions as the parent missing work prolongs her week-end. Again the earning capacity of the unskilled female worker is often only marginally better than the financial level of social security of an unsupported mother and child. To counter this problem of poor attendance more children than the number of places have since been admitted to the registers.

Another trend to note in the statistics is the gradual increase in the number of children registered between one and two years and a similar decrease in the number of babies. As more unmarried mothers are accepted by their families, the grandmother looks after the baby but is not willing to undertake responsibility when the child walks and becomes more active. However, taking all in all, it can be stated that the day nurseries are now fulfilling a greater social need than hitherto when there were more non-priority children on the registers.

Handicapped Children at Day Nurseries

Although it happened that 27 handicapped children were on the registers on the 31st December, 1967, the average number in attendance was very much greater. For instance in the first week of December there were 36 grossly handicapped children attending. One comments year after year on the remarkable improvement of these children in the day nursery environment. Their nursery case histories are interesting.

A spastic child aged two and a half years on admission was so severely handicapped that she could only sit if surrounded by pillows and made no attempt to move. She was miserable, cried incessantly and had no bladder or bowel control. She rejected staff and children and showed no interest

in her surroundings or play material. Gradually her confidence was won, she became toilet trained, toys were placed out of her reach to encourage her to move and this she did very soon by using a caterpillar movement. Eventually this child could walk with support. A physiotherapist who visited the nursery weekly suggested simple exercises which were carried out by the staff. When she left to attend school two years later, she had improved beyond all expectation and apparently now has the capacity to become a useful member of society.

A health visitor requested the admission of a mentally retarded three year old. Her mother was exhausted and tense by the worry and constant caring for the child. On admission she did not respond to the usual stimuli and appeared to be completely dumb, although not deaf. In three months she showed marked improvement, being able to wash, dress and feed her self. Her powers of concentration are still brief but she joins in play activities with other children and says single words. Unfortunately, when the child is absent from the nursery for a period, she regresses.

It is interesting to note the observations of day nursery staff concerning handicapped children. The mongol child, and one recognises degrees of mongolism, has a very poor memory for acquired aptitudes and regresses rapidly if removed from the stimulation of a day nursery. His podgy hands do not permit him to engage in fine work although he can show marked frustration at his failures. Whereas the mentally subnormal child, without physical impairment, is often difficult to teach and train and is slow in his reponses to the environment, his memory is often good and he does not appear to lose quickly an aptitude that he has been taught.

Nurseries and Child Minders Regulation Act, 1948

Everyone concerned with this Act is aware of the loopholes which even the wisest legislation will find difficult to plug.

Child minding, unfortunately, to some people, is wholly a means of making money with the minimum provision for the child's growth and development as compared with play groups where the leaders are intensely concerned with the welfare of the children. Standards of child minding in some areas, even with registration leave much to be desired. To the critical it may seem inappropriate that such people should be registered. It must be remembered that their standards of child minding, which are constantly under surveillance, are better than the standards of child minding in the area as a whole and were they not registered, it is more than likely that the children would be placed in worse circumstances, maybe behind locked doors, for the greater part of the day. The dilemma in which the officers and Authority are placed is great at times. All credit must be given to the staff of the sub-section and the health visiting staff for their constant visiting to these minders to teach and try to raise their standards.

It is difficult to impress on some minders that they must only look after the number of children for which they are registered and equally difficult to prove they are breaking the law when they give such reasons as that the extra children are relatives or they have been left in their care while mother goes to hospital.

The Department is vitally concerned with unregistered child minding because of the effect of the general environment on the child's physical and mental wellbeing and on his intellectual capabilities. A good child minder can lay a proper foundation on which a child can develop; an incapable and indifferent child minder can cause nearly irredeemable harm to a child's normal growth and development and his future attainments at school.

The number of routine supervisory visits has fallen as only 1,515 were paid in 1967, principally due to complete lack of staff to undertake this kind of work for a period of six weeks. Because of this, the administration of the sub-section was re-organised with the brunt of the work falling on an already overworked health visiting staff. In general this re-organisation was a good thing as it led to a new method of collecting information and data and will give increased efficiency eventually when more staff are available.

Playgroup Activities

There has been a gratifying rise in the number of playgroups registered. Taken together with the playgroups for the handicapped run by health visitors, they now number 82. The Pre-School Playgroup Association which was formed last year has been most active and has given considerable help to new playgroup leaders during their critical early months of playgroup activities. Courses of instruction for leaders and helpers have been held at a College of Further Education and the Public Health Department holds a lecture meeting each term. It gives some pleasure to add that the number of playgroups in the immigrant areas is slowly increasing.

REGISTERED MINDERS AND PRIVATE NURSERIES

	Persons		*Premises*	
	Number Registered	*Places*	*Number Registered*	*Places*
As at 1.1.67	283	1,424	64	1,389
New applications ...	137	681	32	785
Applications for registration of additional places	—	—	3	35
Resignations ...	44	214	—	—
Registrations cancelled	1	6	—	—
As at 31.12.67 ...	375	1,885	96	2,209

Included in the number of premises registered are 69 playgroups with 1,687 places.

CITY DAY NURSERIES

(1) NUMBER OF CHILDREN ON DAY NURSERY REGISTERS

	0—1 year	*1—2 year*	*2—5 years*	*Total*	*Average daily attendances* *1966*	*1967*
1st January, 1967	138	241	556	935	711	703
31st December, 1967	128	264	541	933		

(2) ANALYSIS OF CHILDREN ON REGISTERS at 31.12.67

GROUP 1. Children whose mothers are the main or sole support of the home and children whose mothers are ill, etc.		
Unmarried mothers	406	
Widows	25	
Women separated from husbands	232	
Husbands in prison	11	
Husbands sick or disabled	9	
Mothers' long term illness	23	
Mothers' short term illness	6	
Mothers' confinement	7	
Mothers' death	9	
Mothers' desertion	23	
	751	751
GROUP 2. Children requiring admission for reasons of health or normal development, etc.		
Deaf or blind parents	1	
Financial difficulties	36	
Housing	33	
Problem families	6	
Handicapped children	27	
	103	103
GROUP 3. Non-priority cases	75	75
Out-of-City cases	4	4
	79	933

NUMBER OF CHILDREN ON WAITING LISTS

	0—1 year	*1—2 years*	*2—5 years*	*Total*
1st January, 1967				
Priority	111	124	274	509
Non-priority	84	184	244	512
				1021
31st December, 1967				
Priority	89	92	109	290
Non-priority	105	201	321	627
				917

CARE OF THE UNMARRIED MOTHER

The total number of illegitimate babies born in the City to residents was 2,245, an increase of 17 on 1966. The proportion of illegitimate live births per 1,000 was 106·73 as compared with 106·11 in 1966. The trends since 1960 are given by the following table:–

Year	(1) *Proportion of live illegitimate births per* 1,000 *live births*	(2) *Death rate of illegitimate infants*	(3) *Mothers interviewed at Public Health Department*	
			Mothers with one illegitimate baby	*Mothers with more than one illegitimate baby*
1960	76·77	30·11	664	386
1961	89·23	28·02	762	598
1962	102·30	31·65	856	731
1963	104·08	35·71	764	597
1964	105·33	29·26	666	623
1965	103·59	30·04	606	655
1966	106·11	27·38	842	308
1967	106·73	25·39	999	225

It is pleasant to report a fall again in the illegitimate death rate.

During 1967 there were 1,318 applicants seeking advice or help as compared with 1,227 in 1966. Of these 999 were having their first baby, 255 has one or more and 64 were married. There were 54 girls under the age of consent and 91 were aged 16.

The number of West Indian girls who applied for help was 227 as compared with 202 in 1966 and 404 in 1965. Of these, none were pregnant on arrival. There were a number of applications from Asiatic Indian girls for help at the beginning of the year and the usual request of the parent or girls was the immediate removal of the baby after birth. As these requests could not be acceded to, the demand for help by the Asiatic Indian unmarried mother decreased considerably.

In general, the social workers of the section were able to deal with all requests for accommodation in City mother and baby homes. The demand for this type of service tends to decrease and there may well be a day in the foreseeable future when some of these homes may have to be adapted to another purpose. A change in the attitude of parents is partly responsible for this and it is now more common for the unmarried mother to go to a maternity hospital from home and return with her baby.

There is still a need for suitable accommodation for the girl who keeps her baby and who for some reason does not wish to live at home. The exact type of accommodation needed is difficult to define. In previous years in this report, advocacy has been made for subsidised flats with day nursery placings for the baby. However, in other countries where these flats are provided and where there is a great housing need, the girl – not wishing to leave her flat on getting married – maintains a furtive liaison with her boy friend, thus leading to other difficulties. Above all it is most important for the unmarried mother in single accommodation to get back to work as soon as possible, but as the wage she earns so often approximates to the level of social security for an unsupported mother and her child, the girl is not encouraged. Boredom and lack of incentive results, leading to a further liaison to produce more babies.

Since 1960 the following number of girls aged 16 and under came to the Department for help:–

1960	39	1964	138
1961	110	1965	106
1962	120	1966	128
1963	123	1967	145

The numbers keep increasing.

Beechcroft Mother and Baby Home

This mother and baby home, the responsibility of the Health Committee, accommodates 18 mothers and 14 babies. During 1967, 89 mothers were admitted and 98 discharged. The general health of mothers and babies was good. Two mothers were re-admitted to hospital, one with venous thrombosis and the other with a pulmonary embolus. Four babies were re-admitted, the first with convulsions, another with pyloric stenosis, a third with upper respiratory tract infection and a fourth with general collapse, probably due to hypoglycaemia.

There were 28 babies discharged home with their mothers, 20 went to foster homes and 19 were placed for adoption.

Denominational Homes

Our grateful thanks are expressed to the Committees, matrons and staff of these homes, without whose valuable help our work would be much curtailed and also to the Birmingham Diocesan Council for Family and Social Welfare and adoption societies for their co-operation. In all, 154 unmarried mothers were referred to and accepted by these homes.

Statistics

(1) *Arrangements for new cases in* 1967	*First cases*	*Multiple cases*	*Married women*
Accommodated in Mother and Baby Homes			
Beechcroft	68	15	6
Francis Way	28	5	2
Woodville	33	5	—
Lyncroft House	17	—	—
The Grange	48	2	2
Sunnyside	1	5	1
Accommodated elsewhere			
Homes out of City	—	—	—
Own home	10	4	1
Own home except for confinement	349	213	49
Left City before confinement	35	6	3
TOTAL	589	255	64

(2) *Situation at the end of the year*

Antenatal cases:	*No. of cases*	
In homes awaiting delivery	20	primipara
	390	multipara
Postnatal cases:		
Miscarriages	2	
Babies stillborn	—	
Babies died	—	
Babies adopted	136	
Babies with foster mothers	35	
Babies in residential nurseries	3	
Mothers at home with their babies	467	
Mothers married	115	
Mothers living with putative fathers	96	
Mothers and babies having left the City	10	
Left City before confinement	44	
	1,318	

(3) *Work of Administrative and Social Worker Staff*

Home visits paid re unmarried mothers	395
Mothers visited in hospital	13
Office interviews — applications	1,318
Office interviews — other than applications	440
Office interviews re V.D.	—
	2,166

(4) *Age grouping of applicants*

12 years old ...	2	18 years old ...	163
13 years old ...	1	19 years old ...	166
14 years old ...	13	20 – 25 years old ...	502
15 years old ...	38	26 – 30 years old ...	132
16 years old ...	91	31 – 35 years old ...	39
17 years old ...	139	36 years old and over ...	32
		TOTAL ...	1,318

(5) *Multiparae (excluding married women)*

1st child died (including stillbirth and miscarriage) ...	10
1st child in residential nursery ...	1
1st child in care of relatives ...	38
1st child fostered ...	4
1st child with mother ...	136
1st child adopted by relatives ...	2
1st child adopted ...	38
TOTAL ...	229

Of these 229 cases, 59 are living with the putative fathers and 23 are married to the putative fathers.

147 were para two, 40 para three, 21 para four, 6 para five and 15 were para six and over.

(6) *Married women assisted—marital details* :

Separated from husband ...	44
Divorced ...	8
Widowed ...	6
Living with husband ...	5
Living with putative father ...	59
Married to putative father ...	23
Total	145

Of these :

Baby died ...	1
Mother at home with baby ...	49
Baby adopted ...	7
Baby fostered ...	3
Mother left the City ...	3
Total	63

(7) *Nationality*

(*a*) *Mothers*

British	877
Irish	194
West Indian	227
Asiatic Indian	10
European and others	10
TOTAL	1,318

(*b*) *Putative fathers*

British	714
Irish	200
West Indian	289
Asiatic Indian	36
European and others	79
TOTAL	1,318

MATERNITY AND CHILD WELFARE CENTRES

It is gratifying to note that there is an increase yearly in attendances of mothers and babies at sessions held by general practitioners at welfare centres. There is a decrease not quite so marked in the number of attendances at sessions held by local authority personnel. Overall, the attendances at welfare centres have decreased but this is more than offset by attendances of mothers and babies at general practitioners' premises at which a health visitor attends.

On the 31st December, 1967, there were 53 welfare centres and five subsidiary clinics. There are now nine premises owned and under the control of the local authority from which general practitioners conduct National Health Service practice (general medical services). Details of staffing, accommodation, services and clinics are as follows:–

NECHELLS GREEN HEALTH CENTRE: Staff – eight general practitioners, health visitors, district nurses. Accommodation – maternity and child welfare centre, nurses' treatment room, geriatric health visitors' and home help organiser's offices, dental clinic. Sessional accommodation – child care officer, mental welfare officer, mental sub-normality clinic, family planning clinic, chiropody clinic. Further sessions envisaged – cervical cytology, social welfare officer.

St. Helier's Road Medical Centre: Staff – eleven general practitioners sessionally, health visitors, district nurses. Accommodation – maternity and child welfare centre, district nurse's treatment room. Sessional accommodation – mental welfare officer, child care officer, family planning clinic, cervical cytology clinic. Further sessions envisaged – preventative geriatric clinic, social welfare officer. This centre is working on a cohesive, integrated basis and is beginning to provide complete community care.

Castle Vale Temporary Health Centre (housed temporarily in three converted houses): Staff – three general practitioners, (with two others to be added in the course of 1968, one specialising in obstetrics. At present one of the general practitioners specialises in paediatrics), health visitor, district nurse. The maternal and child welfare activities are run entirely by the health visitor and general practitioners. Sessional accommodation – geriatric health visitor. Sessions envisaged – cytology clinic, family planning clinic. When the new centre is completed there will be sessional accommodation for social workers such as a child care officer.

Ladywood Middleway: Staff – five general practitioners, health visitors, district nurses. Accommodation – maternity and child welfare centre; school health – dentists, health visitors, nurses, assistant medical officer of health; geriatric health visitors', mental welfare officers', home help organiser's offices; treatment room district nurses' (shared). Sessional accommodation – cervical cytology, family planning, antenatal and child welfare clinics for general practitioners other than on staff of centre.

Weoley Castle Welfare Centre: Staff – four general practitioners, health visitors. Sessional accommodation – chiropody clinic. This purpose built welfare centre will be converted in 1968 to provide accommodation completely suited to general practitioners, district nurses, health visitors and sessional accommodation for other social and medical services.

Lansdowne Street Welfare Centre: Staff – two general practitioners, health visitors. Accommodation – maternity and child welfare centre.

Tower Hill Welfare Centre: Staff – three general practitioners, health visitors. Accommodation – maternity and child welfare centre, play centre. Sessional accommodation – family planning clinics, antenatal clinics and child welfare clinics for general practitioners other than on staff. It is proposed to convert this centre in 1969 to provide accommodation suited to general practitioners and other services.

Carnegie Centre: Staff – three general practitioners, health visitors, district nurse. Accommodation – day nursery and staff, geriatric health visitors', mental welfare officers', home help organiser's offices, maternity and child welfare centre, dental clinics. Sessional accommodation – family planning clinic, cervical cytology clinics, child care officer, exercises for the elderly, mother and baby club, adoption clinics, consultant paediatrician's session, playgroup.

Hillmeads Road Clinic: This building was a purpose built doctor's home on a municipal estate, converted to incorporate a local welfare centre. Staff – one general practitioner, health visitor. Accommodation – maternity and child welfare centre activities, antenatal and well baby sessions for general practitioners not practising from the centre, playgroup. Further services to be added – treatment room for district nurse.

Ley Hill Clinic: As Hillmeads Road.

In addition 83 individual practitioners held sessions at welfare centres (for further details of co-operation see Health Visiting).

In all 104,700 patients are registered with general practitioners who have their surgeries at Local Authority premises.

Due to demolition the welfare centre at 108 Hope Street was transferred to 96 Highgate Street.

Subsidiary clinics were held weekly at Elmwood Congregational Church Hall, St. Augustine's Church Hall and fortnightly at Culmington and Deelands Road tenants' halls. A further weekly subsidiary clinic was opened at the youth club, Shenley Green in December.

At all the welfare centres the number of sessions at which a medical officer attended was 5,274 as compared with 5,300 in 1966. There were 1,451 health visitors' advisory clinics as compared with 1,487 in 1966. During the year a total of 286 children living outside the City attended Birmingham welfare centres. Eighty individual mothers living outside the City attended the general practitioners' antenatal clinics in welfare centres. 299 children living outside the City also attended.

Use of the centres on a sessional basis was continued by the Regional Hospital Board, voluntary organisations and other Corporation departments. The Family Planning clinics increased during the year and a total of 684 sessions was held at 12 centres throughout the City. Day Centres for old people were run by the staff of the Birmingham Council for Old People twice weekly at Stirchley and weekly at Acocks Green and Kingstanding centres. The Women's Royal Voluntary Service ran two weekly Darby and Joan Clubs at Farm Road and Treaford Lane centres and continued their weekly family clubs at Carnegie, Highfield Lane, King's Heath, Maypole and Yardley Wood centres. The Birmingham Association for the Sheltered Employment of the Elderly used accommodation at Small Heath and Bromford centres.

The Birmingham Society for Mentally Handicapped Children held weekly sessions for groups of mentally handicapped children at Yardley Wood and Erdington centres. During the year the number of groups organised by the health visitors themselves increased from 2 to 9 and children with handicaps now attend weekly classes at Oscott School Lane, Farm Road, Erdington, Kings Heath, Edgewood Road, Acocks Green, Horrell Road, Lancaster Street and Washwood Heath welfare centres.

All the groups have a physiotherapist attached to them and are visited in turn by an assistant medical officer of health. We are indebted to the voluntary helpers who have given their time and assisted with transporting severely handicapped children to the centres.

The probation service held weekly report centres at Acocks Green and Wentworth Road clinics and the Education Department speech therapist held 85 sessions at Kingstanding welfare centre. Child care officers held weekly family advice sessions at Nechells Green Health centre, Northfield Health centre, Mary Street centre and Carnegie.

Health visitors have been the instigators of 21 pre-school play groups held in welfare centres. Four of these were formed with the nucleus of children attending the sewing class with their mothers. The remainder were run as an extension of the maternity and child welfare activities. All the groups were well attended and have waiting lists. The majority of the groups have absorbed small numbers of handicapped children.

A typical programme of planned activities includes:–

Manipulative work using fingers – jig-saws, fitting blocks.

Matching work using eyes and intelligence – horse and cart, farmyards.

Physical activity indoors – drama, musical dancing and play outdoors – playing with balls, hoops, sand and water.

Creative activity – painting, cutting out and using dough.

Character training – learning to play in groups, learning patience, learning to share.

Social training – having a biscuit and drink in company, increasing general knowledge and vocabulary, toilet training.

Learning independence – putting on clothing and accomplishing habit training.

Physical activity classes for the elderly were held weekly at eight of the City welfare centres. The average age of the ladies attending was 75 years but many were in their eighties and the regularity of their attendances has shown this to be a very worthwhile activity. The physiotherapists have visited the groups in turn to introduce new exercises and competitive games and dances which encourage increased mobility of joints. Health visitors have stressed that the old people have benefitted not only from the exercises and health education but have also kept alert in body and mind, taken a particular pride in their appearance and enjoyed the companionship and pleasure from the various outings and parties and theatre shows arranged during the year. A recent innovation has been monthly weight checks and three monthly urine tests. One such test was strongly positive for sugar and the patient's general practitioner arranged for treatment at a hospital diabetic clinic within a week.

Work at Local Authority Clinics

(1) Antenatal Clinics:

These were held in conjunction with children's appointment clinics. The number of mothers who attended clinics staffed by our medical officers was 313 compared with 315 in 1966. At these clinics the number of blood samples taken from general practitioners' antenatal patients was 4,748 compared with 5,022 in 1966. Health visitors attended in-service training sessions at the General Hospital so that they have become proficient in the withdrawal of blood samples.

(2) Relaxation Classes:

Classes were held at 44 centres. Four of the classes were taken by physiotherapists, 13 by midwives and the remainder by health visitors. 1,669 mothers made 8,058 attendances at these classes.

(3) Postnatal Examinations:

Primary postnatal examinations totalled 70 and 10 re-examinations were made.

(4) Remedial Exercise Clinics:

Sixty-six individual children made 567 attendances at these clinics held by physiotherapists at five clinics.

Frequency of attendance :

	0—12 months		*1 year*		*2—5 years*	
Individual children who made	*No. who attended*	% *of G.P. clinic attenders*	*No. who attended*	% *of G.P. clinic attenders*	*No. who attended*	% *of GP. clinic attenders*
1—5 attendances	254	82·5	279	78·8	324	89·0
6 or more attendances ...	54	17·5	75	21·2	40	11·0
Totals	308	100·0	354	100·0	364	100·0

Total attendances:

Children 0 – 5 years	12,424
Examined by general practitioners	6,703
Seen by health visitors only	5,721
Attendances for immunisation	5,903
Attendances at health talks given by health visitors ...	5,501

(*b*) *At General Practitioners' Surgeries*:

Total attendances:

under 1 year	5,350	7,100
1 year	963	
2—5 years ...	728	
over 5 years ...	59	

Examined by general practitioners	3,853
Seen by health visitors only	3,247
Attendances for immunisation	6,169
Attendances at health talks given by health visitors ...	2,334

HANDICAPPED CHILDREN

The following table shows children notified during the year in accordance with the Education Act, 1944, to the Local Education Authority as having important defects discovered either during the course of home visiting or at clinics:

	Category of Defects	*No. of Cases*
a.	Totally blind	7
b.	Partially sighted	30
c.	Totally deaf	8
d.	Partially hearing	23
e.	Educationally subnormal (mentally backward)	152
f.	Epileptic	16
g.	Maladjusted (emotional instability or psychological disturbance) ...	5
h.	Physically handicapped	75
	Spastic condition	23
i.	Defective speech (not due to deafness)	23
j.	Delicate	178
	(diabetes 4; tuberculosis 44; heamophilia 1; asthma 35; congenital heart disease 30; coeliac disease 11; other disorders 53).	
k.	No. of children with a combination of defects (included above) ...	57

INCIDENCE OF ASTHMA

Year of Birth	*1962*	*1963*	*1964*	*1965*
No. of children reported in 1967 ...	6	15	7	7

Total 35

(5) Special Consultation Clinics at Carnegie Centre:

Dr. B. S. B. Wood, Consultant Paediatrician, examined 62 children during 12 sessions. Clinic medical officers referred a wide variety of cases including primordial dwarfism, hydrocephalus, cerebral palsy, patent ductus, and coeliac disease. Treatment was instituted very early in all these cases.

The adoption clinic continued with two weekly sessions at which 254 children were examined. Of these children, 86 were for preliminary examination, 156 for final examination, 10 were recalled for examination and two babies attended for development assessment. 152 children were referred to Dudley Road Hospital for chest x-rays where the local health visitor reported on the mantoux reaction following the test injection given at the adoption clinic.

A haemoglobinometer was purchased for use during the year and has proved to be invaluable at these clinics.

(6) Sewing Classes:

Sewing classes were held weekly at 40 clinics and 11,265 attendances were made by mothers.

(7) Health Talks:

During clinic sessions 8,881 mothers were present at health talks in addition to the 7,898 attendances made at mothercraft sessions held in conjunction with relaxation classes.

A weekly education class for Asian immigrant mothers was held at Lansdowne Street clinic where an Indian teacher employed by the Education Department translates the health visitor's talks and answers questions on a variety of health topics. The average number of mothers attending was 20.

Ninety-four parents' evening meetings at welfare centres attracted 2,260 attendances. Topics included the birth of a baby, child growth and development, family planning, cancer health education and forming a play group.

(8) Chiropody Treatment:

Expectant mothers made 159 attendances and children under five years made 105 attendances during 46 treatment sessions provided by one part-time chiropodist.

(9) Voluntary Assistance at Welfare Centres:

The health visitors have expressed their appreciation of the efforts of the ladies who give valuable voluntary service in the clinics.

Statistics

(1) PERCENTAGE OF CHILDREN VISITED IN THEIR OWN HOMES WHO ATTENDED CHILD WELFARE CLINICS

Year	0–12 months	1 year	2 years	3 years	4 years
1965 ...	64·4	53·0	26·7	17·5	12·7
1966 ...	65·0	56·4	26·2	16·8	12·3
1967 ...	66·1	56·6	27·6	17·1	12·0

(2) FREQUENCY OF ATTENDANCE AS A PERCENTAGE OF ATTENDERS IN EACH AGE GROUP

Children who made:	0—12 *months*			1 *year*			2—5 *years*		
	1965	1966	1967	1965	1966	1967	1965	1966	1967
1—5 attendances	68·1	68·0	69·0	71·6	73·1	73·4	96·7	96·6	96·1
6 or more attendances	31·9	32·0	31·0	28·4	26·9	26·6	3·3	3·4	3·9

(3) CHILDREN'S CONSULTATION CLINICS (BIRTH TO 5 YEARS)

Number of Clinics held:	
(1) With doctor attending	2,910
(2) Without doctor attending	1,451
New children attending	13,628
Total attendances	103,023
Average attendance per clinic	23·6
Total examined by doctor	35,456
Average seen by doctor per consultation clinic	12·2
Children referred elsewhere	879

(4) ANTENATAL AND CHILDREN'S COMBINED CLINICS—CHILDREN ATTENDING

Number of combined clinics	2,364
New children attending	4,462
Total attendances	36,093
Average attendance per clinic	15·3
Total number seen by doctor	20,149
Average seen by doctor per combined clinic	8·5
Children referred elsewhere	314

(In addition the average number of expectant mothers examined at these clinics was 1·3 and the number of blood specimens obtained from general practitioners' cases was 4,748, an average of 2 per clinic).

(5) INFANT WELFARE CLINICS WITH GENERAL PRACTITIONERS

(a) *At Welfare Centres*:

(i) Individual children attending general practitioners' clinics only:

Under 1 year	718	2,313
1 year	692	
2—5 years	903	

Frequency of attendance:

Individual children who made	*0 – 12 months*		*1 year*		*2 – 5 years*	
	No. who attended	% *of G.P. clinic attenders*	*No. who attended*	% *of G.P. clinic attenders*	*No. who attended*	% *of G.P. clinic attenders*
1 – 5 attendances	488	68·0	517	74·7	807	89·4
6 or more attendances	230	32·0	175	25·3	96	10·6
TOTALS ...	718	100·0	692	100·0	903	100·0

(ii) Individual children attending both general practitioners' clinics and local authority clinics:

under 1 year	308	1,026
1 year	354	
2—5 years	364	

MATERNITY AND CHILD WELFARE
DENTAL SERVICE

One of the most interesting aspects of the dental scene in Birmingham in 1967 has been signs of the effect of fluoridation on the teeth of pre-school children. The adjustment of the level of fluoride in the drinking water commenced in 1964, reaching its optimal concentration of 1p.p.m. in December of that year. Since to obtain the maximum benefit as far as the temporary teeth are concerned this water needs to have been drunk since birth, the teeth of two and three year old children should now be showing improvement.

To enable this to be assessed a survey has been carried out in the autumn of each year beginning in 1964, of the teeth of three year old children. It must be stated that there are great difficulties in organising a statistically satisfactory sample of pre-school children and the results need to be accepted with a certain amount of reserve. Compared with 1964 the 1967 survey showed a reduction in the average number of defective teeth per child (d.e.f.) in the case of boys from 2·817 to 1·396 and in the case of girls from 2·371 to 1·233. These are children who have passed their third birthday but not yet reached their fourth and for this reason some of them will not yet be showing the full improvement from fluoridation.

One of the greatest benefits which is especially welcome is the reduction in the number of children with rampant caries – dental cripples, particularly those aged between one and two for whom it is practically impossible to carry out any effective conservative treatment. The 1967 survey shows that the proportion of children with 10 or more defective teeth has again fallen, in the case of boys from 8·4 per cent. in 1964 to 2·4 per cent. in 1967 and in the case of girls from 7 per cent. in 1964 to 1 per cent. in 1967.

Fluoridation, however, despite its great benefits, must not be regarded as the complete answer to dental problems. It is of vital importance to continue to practice the other aids to dental health such as proper diet, the avoidance of sugary snacks in between meals and the proper cleaning of teeth particularly at bed-time. The ultimate effect of fluoridation seems likely to be to enable a substantially larger proportion of the children to receive dental treatment. It must, however, be borne in mind that even if the average number of defective teeth per child aged between three and four is reduced to one, there will still be approximately 20,000 teeth requiring attention every year in this age group alone.

Considerable publicity has been given at times to the mottling of teeth said to be due to the effects of fluoride. Mottling is a term which has been used rather loosely to describe the opaque markings on the enamel of the teeth which may vary from tiny white flecks which are nearly invisible to large areas of brown discolouration. In fact these markings are due to a variety of causes, most of them completely unconnected with

fluoride and it is suggested that a more appropriate term would be to refer to them as enamel opacities.

In the temporary teeth these markings are not connected with fluoride in the water supply unless the level is excessively high and are virtually unknown from this cause where the level of the drinking water is 1 p.p.m. Causes of enamel opacities which are quite commonly seen in the temporary teeth include the effects of infections during the mother's pregnancy, various forms of hereditary defects and the administration of certain types of drugs but one of the commonest is undoubtedly the very early stages in the attack of dental decay on the enamel surface.

The recording of these enamel opacities is extremely difficult since much depends on the subjective impressions, but in areas where there is little or no fluoride in the drinking water various examiners have noted these opacities in percentages of children ranging from 27 per cent. to 63 per cent. and it is the general experience to find that, due to the better formation of the enamel of the teeth and its greater resistance to decay, the incidence of these enamel opacities is, in fact substantially reduced where the level of fluoride in the drinking water is in the region of 1 p.p.m.

Close links have been maintained with the Dental Hospital, both with the Children's Department where co-operation in respect of an investigation into the development of occlusion has continued and the newly created Department of Social Dentistry under Professor James from whom valuable advice and help as been received in connection with the survey into the effects of fluoridation.

Turning now to the aspect of the service which is concerned with identifying patients needing treatment, inspections took place at 40 welfare centres including those at which there are dental clinics, compared with 35 in 1966. A start has also been made on inspecting city day nurseries and it is expected that by early in 1968 all will have been visited. The number of children seen at welfare centres and day nurseries other thanthose which have dental clinics was 1,544 compared with 1,344 in 1966.

Handicapped children are receiving attention since many both physically and mentally handicapped can benefit from early dental treatment and advice and may thereby avoid the administration of anaesthetics, which may be hazardous, at a later date.

Dental auxiliaries, young ladies specially trained in carrying out a limited range of treatment for children, have again given invaluable service. The experience gained over the last four years suggests that they have a very real place in a dental service for children.

X-ray facilities continue to be localised at Lancaster Street and during most of the year the mechanical work in connection with the supply of dentures continued to be carried out by the two laboratories which have done this work in the past. Towards the end of the year, however, one firm withdrew from this arrangement and all our mechanical work is now in the hands of one laboratory.

DENTAL SERVICES FOR EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER 5 YEARS

Part A. Attendances and Treatment		*Children 0–4 (incl.)*		*Expectant and Nursing Mothers*	
Number of visits for Treatment During 1967					
First visits...	1	3,708	13	1,522	
Subsequent visits	2	5,212	14	3,715	
Total visits		8,920		5,237	
Number of additional courses of treatment other than the first course commenced during year	3	1,065	15	52	
Treatment provided during the year–					
Number of fillings	4	6,967	16	2,173	
Teeth filled	5	6,487	17	2,051	
Teeth extracted	6	2,844	18	3,038	
General Anaesthetics given	7	1,158	19	499	
Emergency visits by patients	8	574	20	190	
Patients X-rayed	9	7	21	48	
Patients treated by scaling and/or removal of stains from the teeth (Prophylaxis)	10	194	22	392	
Teeth otherwise conserved	11	3,289			
Teeth root-filled			23	5	
Inlays			24	1	
Crowns			25	12	
Number of courses of treatment completed during the year	12	4,067	26	979	

Part B. Prosthetics		
Patients supplied with full upper or full lower (first time)	27	154
Patients supplied with other dentures ...	28	290
Number of dentures supplied	29	736

Part C. Anaesthetics		
General anaesthetics administered by dental officers	30	Nil

Part D. Inspections	*Children 0–4 (incl.)*		*Expectant and Nursing Mothers*	
Number of patients given first inspections during year	A	7,505	D	1,544
Number of patients in A and D above who required treatment	B	3,690	E	1,507
Number of patients in B and E above who were offered treatment ...	C	3,679	F	1,503

Part E. Sessions

Number of Dental Officer Sessions (i.e. equivalent complete half days) devoted to maternity and child welfare patients:

For Treatment	G	2,346
For Health Education	H	12

Dental treatment has tended to follow the trend noted in earlier years in that the number of mothers seen continues to decline slowly while the number of children shows a small increase. It has not been possible quite to maintain the high level of the previous year and there is a small decline in both the number of sessions worked by dental officers and the number of fillings inserted in children's teeth. Despite this the ratio of teeth conserved to teeth extracted has improved from 3·4 in 1966 to 3·6 in 1967.

On the other hand the number of children inspected is higher while the number requiring treatment is rather smaller. This suggests that fluoridation is already enabling the Maternity and Child Welfare Dental Service to offer the benefits of early inspection and treatment where necessary to a somewhat larger proportion of pre-school children in the City.

It should be pointed out that the figures shown above are in the form required by the Ministry of Health and "Total visits" below spaces 2 and 14 refer to visits for treatment and do not include those for inspection only or for dental health instruction. Total attendances for all purposes by children in 1967 were 18,555 compared with 17,446 in the previous year. In the cases of mothers the figures were 6,031 in 1967 and 6,520 in 1966.

The number of sessions per week held at the various dental clincs was as follows.

	End of 1966	*End of 1967*			
	Total	*Dental Officer*	*Dental Auxiliary*	*Dental Hygienist*	*Total*
Lancaster Street ...	15	8	6	3	17
Carnegie	19	10½	8	2	20½
Treaford Lane ...	14	11	3	—	14
Northfield	6½	5½	—	—	5½
Kingstanding ...	3	3	—	—	3
Quinton Lane ...	2	2	—	—	2
Farm Road ...	15	7½	7	2	16½
Nechells Green ...	4½	5½	3	—	8½
TOTAL SESSIONS	79	53	27	7	87

The table shows the situation in a normal week. The numbers of sessions are subject to variation from time to time due to change in circumstances.

Professional Staff

There have been only changes of a minor nature as far as dental officers are concerned, the net result of which is a reduction of one session per week. There have been several changes in the staff of dental auxiliaries, one returning to the Training School at New Cross, London as a tutor.

Two more auxiliaries were appointed towards the end of the year and while, therefore, the number of sessions per week worked by auxiliaries had increased substantially by the end of the year, sufficient time had not elapsed for this to be reflected in the figures for treatment carried out.

Accommodation

The major change during the year has been the transfer of the dental clinic at Northfield from St. Helier's Road to the School Clinic at Maas Road. At the time of writing the Maternity and Child Welfare dental staff is carrying on there exactly as they did at St. Helier's Road but it is likely that this will be the first clinic to have an integrated Maternity and Child Welfare and School Dental Service.

Apart from this there is little change to report except that modest improvement of equipment, particularly lighting in some dental surgeries, has continued.

Dental Health Education

This has continued in the form of chairside talks to patients at the dental clinics in which dental surgeons, dental auxiliaries and our hygienist have all taken part. Other activities including a stand at the Midlands' Own Boys' and Girls' Exhibition, are referred to in the section on Health Education.

DOMICILIARY MIDWIVERY

(Section 23 – National Health Service Act, 1946)

There were 21,035 live births and 348 stillbirths to residents of Birmingham in 1967. Of these, 467 live births and 15 stillbirths occurred outside the City. There were 3,423 out-of-City mothers confined at City hospitals.

The total number of confinements has shown a marginal increase on 1966. Certainly the trend has not been as expected in the City, no decrease in the number of confinements has as yet occurred.

The succeeding text and statistical tables refer to confinements of City mothers unless otherwise stated.

During the year 15,414 women were delivered at City hospitals and Marston Green Maternity Hospital compared with 14,929 in 1966 and 15,017 in 1965. The percentage of hospital confinements increased to 74·4, almost attaining the 75 per cent. as urged by the Cranbrook Committee. The number placed on the emergency bed list was 81 and the majority of these were in January and March. Domiciliary confinements amounted to 5,310, a decrease of 280 on the previous year and the smallest decrease since 1964. The number of early discharges reached a record figure of 13,207 so that the domiciliary midwives looked after, either at delivery or after early discharge, 89 per cent of the total confinements.

	(1) *Total No. of confinements at city hospitals, Marston Green and at home*	*(2)* *Total No. of confinements at city hospitals and Marston Green*	*(3)* *Total No. of domiciliary confinements*	*(4)* *Total No. of early discharges needing attention of midwife*	*(5)* *Hospital confinements as percentage of total*	*(6)* *(3) and (4) as percentage of (1)*
1960	20,674	13,118	7,556	6,691	63·4	69
1961	21,432	13,493	7,939	7,089	62·95	70
1962	22,107	13,939	8,168	9,585	63·1	80
1963	21,850	14,195	7,655	11,115	65·0	86
1964	22,188	15,006	7,082	11,992	68·1	86
1965	21,156	15,017	6,139	12,624	71·0	89
1966	20,619	14,929	5,590	12,937	72·4	90
1967	20,724	15,414	5,310	13,207	74·4	89

Perinatal Mortality Rate, 1967 – 28·29

The following are the rates for the past five years together with early neonatal and stillbirth rates and percentage of hospital deliveries:–

	1963	*1964*	*1965*	*1966*	*1967*
Perinatal mortality rate ...	31·64	29·80	29·63	29·27	28·29
Stillbirth rate	18·9	17·5	17·2	17·3	16·27
Early neonatal death rate ...	12·99	12·60	12·53	12·18	12·21
Percentage hospital delivery ...	65·0	68·1	71·0	72·4	74·4

A recognition of the high risk group of mothers is necessary by all in the obstetric field to reduce perinatal mortality rates further. The risk is particularly high in the offspring of mothers of low income groups, mothers short in stature, mothers over the age of 35 years, multiparae over the age of 30 years, grand multiparae and mothers who have a bad obstetric history. All should have antenatal care and delivery in hospital. It is found that our domiciliary midwives are still too often asked to look after high risk groups in their homes. Granted that a number of grand multiparae seek antenatal care and hospital booking too late on in pregnancy, there are still, however, a number of women of high risk who attend for antenatal care early and are delivered at home.

The major causes of a greater mortality in the first born as compared with the second are intrapartum anoxia and birth trauma. These findings must be related to the incidence of toxaemia in first pregnancies and that all first babies are, to some extent, a trial of labour. The same findings, together with rhesus incompatibility, account for the excess mortality in fifth para and over. Where infants are born to mothers in the lowest income groups, they are more likely to suffer biological disadvantages such as congenital malformations. Low birth weight is a factor in foetal survival in social class V. Again, cigarette smoking in pregnancy is associated with a low birth weight and prejudices the infant's survival if there are complications. The interval between births is important; where the interval is short the hazard to the baby is greater. Thus the wise selection for hospital delivery and the wise use of family planning methods would help in a further reduction of the perinatal mortality rate.

Early Discharges from Hospital

The following table gives the number of early discharges together with the percentage of early discharges from the ninth day and under in three day periods:–

Day of Discharge	*1963*		*1964*		*1965*		*1966*		*1967*	
First	141		137		120		110		69	
Second	742	16%	888	19%	906	18%	1,025	20·5%	847	20%
Third	850		1,155		1,347		1,511		1,723	
Fourth	463		605		672		677		795	
Fifth	374	11%	476	14%	555	16·2%	534	18·9%	634	21·8%
Sixth	454		584		826		1,240		1,445	
Seventh	1,486		1,816		1,959		1,529		1,674	
Eighth	4,087	73%	3,957	67%	3,965	65%	5,288	60·6%	4,973	58·2%
Ninth	2,518		2,374		2,274		1,023		1,047	
	11,115		11,992		12,624		12,937		13,207	
Ten days and over to the care of the midwife ...	560		649		667		855		819	

The trend to discharge more in the first six days continued.

Maternity Liaison Committees

These committee meetings which were held by each unit at least once a year, continued to serve a useful purpose in liaison and for the exchange of ideas.

Lyncroft and The Grange Mother and Baby Homes

Lyncroft Mother and Baby Home is run by the Salvation Army, taking unmarried mothers, and also has a private wing. Due to staff shortage, the domiciliary midwife was asked to help and during 1967 delivered 25 patients out of the total of 107 deliveries. As well, the midwives helped out in emergency at the Grange Mother and Baby Home and delivered eight babies.

Refresher Courses

During the year one supervisor and eighteen midwives attended refresher courses.

Work of the Domiciliary Midwives

There has been some change in the nature of the work of the domiciliary midwives. However, if one calculates the number of midwives available for duty throughout the year by taking into account the interval of time between resignations and new appointments, and also sick leave for periods

of over two months, the domiciliary midwife on the average conducts well over fifty deliveries per year. There has been a considerable expansion of her other duties such as antenatal care, as staff currently undertake 425 antenatal clinics each four weeks with general practitioners at their surgeries or at welfare centres; also 64 relaxation classes; 190 booking and antenatal (midwives) clinics and 20 cytology clinics in the same interval of time. It is pleasing to report this greater demand by general practitioners for their services as it leads to better obstetrical care and more integrated service. It is calculated that the midwives now attend 83 per cent of antenatal clinics held by general practitioner obstetricians. The number of early discharges for postnatal care and the number of social investigations that are necessary to decide whether a patient may be discharged early or whether the circumstances are suitable for home confinement must also be considered now as an important part of their work.

Investigation of anaemias of pregnancy

This exercise has now been carried out since 1962 and is reaching the final stages. Our thanks are due to Mr. A. B. Neale, B.Com., Corporation Statistician, Mrs. Burton, Ph.D., and the staff of the Central Statistical Office.

Mr. Neale reports as follows:–

"The evidence from similar tests in the preceding five years has shown conclusively that, in the absence of treatment, an anaemic condition among expectant mothers tends to become more prevalent as parity rises, as age increases, as length of pregnancy becomes greater, and as social background worsens. Analysis of repeat examinations in 1966, carried out after treatment, on those women requiring medical attention for the condition, suggested that with one exception the same sort of relationships existed between these factors and the residual incidence of the condition among the women undergoing retest.

In compiling the 1967 results, attention has been directed solely to the retests, and these results confirm the conclusions from the 1966 data.

The following table identifies separately – as precisely as possible – the retests on women who had previously been examined only once, and those on women who had undergone more than one previous examination. The division into the two categories cannot be taken as wholly accurate.

Considering the section of the table dealing with women identified as having been retested once only, the proportion of tests revealing a low haemoglobin level (less than 10·3 grams) seems generally to rise with parity, age and length of pregnancy, and to increase as social background deteriorates. Taking the parity relationship, blood haemoglobin was low in only 10·6 per cent. of the retests on women in their first pregnancy, compared with 21·0 per cent. among those who had given birth at least four

times previously; a similar low level was recorded for only 12·0 per cent. of the females aged under 30 compared with 13·4 per cent. of those 30 and over; the percentage was 12·0 among women pregnant for less than 33 weeks and 12·5 for those 33 weeks pregnant or more; and it was only 9·3 among expectant mothers from a good social background compared with 15·1 for those from less desirable backgrounds. These figures give confirmation of the conclusion from the 1966 data that the classes most prone to an anaemic condition are also the ones most difficult to treat successfully, perhaps, as stated, merely because they contain the worst set of cases.

Turning to the right-hand part of the table, relating to women retested more than once during 1967, with one exception the same pattern emerges again.

The exception is associated with the term of pregnancy. In analysing the 1966 results where all retests were combined, it was noted that proportionally fewer low haemoglobin cases were found among women at the later stages of pregnancy than among those at the earlier stages. Though the numbers are too small for valid statistical comparison, the same phenomenon is present in the 1967 results for those repeat examinations later than the first. 14·7 per cent. of females undergoing such examinations who had been pregnant for less than 33 weeks had a low haemoglobin level, compared with only 10·4 per cent. of those pregnant for a longer period. This reduction in percentage need occasion no surprise, for women in the last stages of their pregnancy who have been retested more than once will tend to include a greater proportion retested **several** times, and other things being equal the more times a woman has been retested the longer she is likely to have been under treatment and the more likely in consequence is the treatment to have been effective".

Emergency Maternity Service

During the year 110 calls were made on the Flying Squad, of which 34 were out-of-City. An analysis of the Birmingham cases from 1963 to 1967 is given:-

	1963	*1964*	*1965*	*1966*	*1967*
Retained placenta with or without haemorrhage ...	56	50	40	38	39
Haemorrhage – placenta expelled	20	27	17	13	19
Abortions	7	3	4	5	7
Antepartum haemorrhage ...	2	3	5	8	3
Other causes	16	7	3	7	8
	101	90	69	71	76

The most common condition amongst other causes was secondary postpartum haemorrhage, of which there were six cases varying in time from nine to 28 days. Calls to the Flying Squad for this condition are increasing over the past four years.

BLOOD HAEMOGLOBIN IN REPEAT EXAMINATIONS OF SAMPLE OF PREGNANCY BY PARITY*, MATERNAL AGE, TIME PREGNANT AND SOCIAL BACKGROUND

1967

Factor Analysed		*First Repeat Examinations*						*Later Repeat Examinations*					
		Haemoglobin – Gms. (%)				*Total*		*Haemoglobin – Gms. (%)*				*Total*	
		Under 10·3 (*Under* 69%)		10·3 & *Over* (70% & *Over*)				*Under* 10·3 (*Under* 69%)		10·3 & *Over* (70% & *Over*)			
		No.	%	*No.*	%	*No.*	%	*No.*	%	*No.*	%	*No.*	%
Parity*	0	22	10·6	185	89·4	207	100·0	2	6·3	30	93·7	32	100·0
	1	49	8·9	502	91·1	551	100·0	14	12·1	102	87·9	116	100·0
	2	48	12·4	338	87·6	386	100·0	4	6·2	61	93·8	65	100·0
	3	33	16·2	171	83·8	204	100·0	4	9·5	38	90·5	42	100·0
	1–3	130	11·4	1,011	88·6	1,141	100·0	22	9·9	201	90·1	223	100·0
	4	13	14·9	74	85·1	87	100·0	4	25·0	12	75·0	16	100·0
	5	8	18·2	36	81·8	44	100·0	1	14·3	6	85·7	7	100·0
	6 & over	13	41·9	18	58·1	31	100·0	2	33·3	4	66·7	6	100·0
	4 & over	34	21·0	128	79·0	162	100·0	7	24·1	22	75·9	29	100·0
Years of Age	Under 20	7	11·5	54	88·5	61	100·0	—	0·0	5	100·0	5	100·0
	20–29	130	12·0	953	88·0	1,083	100·0	19	9·3	186	90·7	205	100·0
	Under 30	137	12·0	1,007	88·0	1,144	100·0	19	9·0	191	91·0	210	100·0
	30–39	45	12·9	305	87·1	350	100·0	12	17·1	58	82·9	70	100·0
	40 & over	4	25·0	12	75·0	16	100·0	—	0·0	4	100·0	4	100·0
	30 & over	49	13·4	317	86·6	366	100·0	12	16·2	62	83·8	74	100·0
Weeks of Pregnancy	Under 14	—	0·0	6	100·0	6	100·0	—	—	—	—	—	—
	14–21	6	13·3	39	86·7	45	100·0	—	—	—	—	—	—
	22–32	63	12·0	460	88·0	523	100·0	5	14·7	29	85·3	34	100·0
	Under 33	69	12·0	505	88·0	574	100·0	5	14·7	29	85·3	34	100·0
	33 & over	117	12·5	819	87·5	936	100·0	26	10·4	224	89·6	250	100·0
Social Background	Good	65	9·3	636	90·7	701	100·0	12	8·6	127	91·4	139	100·0
	Mixed	105	14·5	620	85·5	725	100·0	19	13·7	120	86·3	139	100·0
	Bad	8	32·0	17	68·0	25	100·0	—	0·0	3	100·0	3	100·0
	Mixed & Bad	113	15·1	637	84·9	750	100·0	19	13·4	123	86·6	142	100·0
	Unknown or Not Recorded	8	13·6	51	86·4	59	100·0	—	0·0	3	100·0	3	100·0
Total		186	12·3	1,324	87·7	1,510	100·0	31	10·9	253	89·1	284	100·0

* Number of previous live and still births.

Maternal Mortality

In 1967 there was a total of 9 maternal deaths. The maternal mortality rate, including abortions was 0·42 per thousand total births. There were 2 deaths due to associated conditions. The following table gives the information regarding these maternal deaths:–

No.	*Age*	*Cause of Death*	*Remarks*
1	18	Septicaemia due to uterine infection due to impacted breech.	
2	25	Respiratory failure due to tracheo-bronchitis (associated condition).	Stillbirth after death, 38 week pregnancy.
3	32	Septicaemia due to septic abortion.	Abortion induced by a person not identified.
4	33	Bronchopneumonia complicating labour and following air embolism.	Collapsed after a normal delivery.
5	34	Cerebral embolus due to auricular fibrillation due to rheumatic heart disease. (associated condition).	Following a low forceps delivery of a normal child.
6	22	Eclampsia.	Stillborn child
7	22	Pulmonary embolism due to pelvic thrombosis following inevitable abortion.	—
8	21	Respiratory failure due to chloroxylenol ("Dettol") poisoning following attempted abortion.	Healthy woman 28 weeks pregnant.
9	23	Overdose of aspirin and Tofranil following childbirth.	Healthy in the antenatal period. Normal healthy child delivered,

Puerperal pyrexia

There were 162 cases of puerperal pyrexia notified in City patients in 1967.

Episiotomies

The Central Midwives Board have now recommended that midwives should infiltrate the perineum with a suitable local anaesthetic before performing an episiotomy. The midwives have received the necessary instruction and been issued with the required instruments and syringes.

Night Rota System

A night rota system has been in operation in this City since April, 1963 and all calls are controlled by the Ambulance Service between 18·00 hours and 06·00 hours. This central calling system is extremely economical with staff. With the number of cases decreasing on the domiciliary scene each district where the case load becomes very small is absorbed into its neighbour. Because of the larger districts, a midwife now has to travel farther and be away from her home for longer periods in dealing with deliveries and hospital discharges. It would seem that a radio controlled system would be the most efficient and economical method of controlling the midwifery staff in future.

General Practitioner Unit at Good Hope Hospital

This Sutton Coldfield Hospital has a general practitioner unit of 27 beds which will serve, it is hoped in time, most of the domiciliary cases from the Erdington, Kingstanding and Great Barr wards. The unit will be operative from 1st January, 1968. Domiciliary patients will be booked and looked after by the general practitioner and the domiciliary midwife. It has been agreed that hospital equipment will be used but that the midwife will use her own drugs or those ordered by the general practitioner. She will call for medical aid in the same manner as she would do in the patient's home and only call on the registrar's help if an emergency arises with a general practitioner not available. Only patients suitable for domiciliary confinement will be booked and it is intended that their stay will not be longer than 72 hours.

Bed Bureau and Emergency Lists

The number of applications to the Bureau was 3,383, of which 1,143 were investigated by the domiciliary midwives. In all, 1,848 were referred to hospital. There were 81 cases referred to the Regional Hospital Board on emergency bed lists.

Analgesia

Analgesis was administered by domiciliary midwives to patients as follows:–

As midwives	*No. of patients*	*With general practitioner present*	*No. of patients*
Gas and air	804	Gas and air	88
Gas, air and trilene ...	19	Gas, air and trilene ...	0
Gas, air, trilene and pethidine	10	Gas, air. trilene and pethidine	2
Gas, air and pethidine...	1,017	Gas, air and pethidine ...	155
Trilene	255	Trilene	49
Trilene and pethidine ...	246	Trilene and pethidine ...	45
Pethidine	1,144	Pethidine	121

Local Authority Clinics (Maternity)

The number of general practitioners holding separate antenatal clinics at welfare centres during 1967 was 27. In addition 23 general practitioners held an antenatal clinic combined with children's examinations.

	Assistant M.O.H. attending		*Midwife attending*		*General Practitioner attending*	
	New cases	*Attendances*	*New cases*	*Attendances*	*New Cases*	*Attendances*
1962	942	6,032	1,363	5,556	1,793	11,704
1963	615	4,190	1,741	6,608	1,776	11,419
1964	508	3,307	2,301	7,748	2,112	13,108
1965	333	3,081	2,277	7,401	2,479	13,720
1966	315	1,517	2,528	7,856	2,884	16,372
1967	313	1,491	2,175	6,803	3,132	18,814

Statistics

(1) ANTENATAL AND POSTNATAL CLINICS

(*a*) *Local Authority Clinics*

(1) Expectant mothers attending combined antenatal and children's clinics *with A.M.O.H.*:–

New mothers attending	313
Total attendances	1,491

(2) Antenatal clinics with midwife only ... ...

New mothers attending	871
Total attendances	6,803

(3) Primary postnatal examinations 70

Total postnatal examinations	80

(*b*) *General Practitioner Clinics at Welfare Centres*

Antenatal:

New mothers attending	3,132
Total attendances	18,814
Blood tests taken	1,813

Postnatal:

Primary postnatal examinations	1,361
Re-examinations	70

(2) PRACTISING MIDWIVES

During the year 1967, 488 midwives notified their intention to practise in the City:—

City domiciliary midwives	136
City domiciliary day midwives	19
Independent domiciliary midwives	5
Midwives in institutions	322
Midwives in private nursing homes	6

(3) NUMBER OF MIDWIVES CEASING TO PRACTISE IN THE CITY

Domiciliary midwives and day midwives who left the City in 1967	20
Independent domiciliary midwives ceasing to practise	5
Hospital midwives ceasing to practise	117
Midwives in nursing homes ceasing to practise	0

(3a) DOMICILIARY MIDWIVES IN ACTIVE PRACTICE

	No. in practice 31.12.66	*Number retired during year*	*Number resigned during year*	*Transfers*	*New appointments*	*No. in practice 31.12.67*
Employed by local authority :						
(1) Midwives ...	126	4	15	2	10	115
(2) Day midwives	19	—	1	—	1	19

(3b) VISITS MADE BY DOMICILIARY MIDWIVES

Antenatal visits

Doctor booked	41,751	
Midwife booked	721	
Hospital booked	553	
Investigations	7,776	
Useless visits	11,165	
Other visits	8,793	
	———	70,759

Postnatal visits

In own area	(a) home delivery ...	57,961	
	(b) hospital delivery	41,165	
In other midwives' areas	(a) home delivery	24,594	
	(b) hospital delivery	19,251	
		———	142,971
	TOTAL		213,730

(3c) CLINICS ATTENDED BY DOMICILIARY MIDWIVES

(*a*)	At general practitioners' surgeries	2,552
	Attendances of patients	30,749
(*b*)	General practitioners at welfare centres	2,240
	Attendances of patients	21,555
(*c*)	Assistant Medical Officer of Health at welfare centres ...	435
	Attendances of patients with doctor	1,282
(*d*)	Midwife only at welfare centre (booking clinics included)	2,476
	Number of patients seen, plus number of bookings etc. ...	10,149
(*e*)	Relaxation classes	1,198
(*f*)	Mothercraft classes	410
(*g*)	Cytology clinics	48

(3d) AMBULANCE SERVICE

Patients accompanied in ambulance	328
Hours away from district on ambulance duty	338¾

(4) CHEST RADIOGRAPHY OF ANTENATAL CASES 1967

Number X-rayed (full-sized films)

Welfare Centres	282
Sorrento Hospital antenatal clinic	1,249
Lordswood Hospital antenatal clinic	347
TOTAL	1,878

Analysis of results:

(1)	Normal cases		1,838
(2)	Pulmonary tuberculosis		
	(*a*) Referred to Chest Clinic (for assessment and/or treatment)	13	
	(*b*) Referred to family doctor only	1	
	(*c*) No action necessary	9	
	TOTAL ...		23
(3)	Non-tuberculous conditions of heart and lungs:		
	(*a*) Referred to hospital or clinic	2	
	(*b*) Referred to family doctor only	7	
	(*c*) No action necessary	6	
	TOTAL ...		15
(4)	Failed to attend		2

(5) RELAXATION CLASSES

Classes were taken by physiotherapists weekly at two centres and fortnightly at two centres; each week by midwives at 13 centres and by health visitors at 27 centres.

Individual mothers attending		1,669
booked for hospital confinement	1,143	
booked for domiciliary confinement	526	
Sessions held (relaxation only)		1,527
Sessions held combined with children's remedial exercise sessions		95
Total attendances		8,058
Attendances at associated mothercraft classes		7,898

(6) CHIROPODY CLINICS FOR ANTENATAL CASES

Total sessions held	46
Total attendances	264
Average number of patients called per session	8
Average number of patients seen per session	6

(7) ANALYSIS OF DOMICILIARY CONFINEMENTS ATTENDED BY MIDWIVES

1.	(*a*) No. of deliveries booked by general practitioner and midwife	5,059
	(*b*) No. of 1 (*a*) attended by general practitioner at birth ...	577
2.	(*a*) Cases supervised by welfare centre and midwife	24
	(*b*) No. of 2(a) for which medical aid was called	2
	(*c*) No. of 2(a) attended by general practitioner at birth	1
3.	Cases which were hospital bookings...	165
4.	(*a*) Cases not booked by hospital or midwife	55
	(*b*) No. of 4(a) for which medical aid was called	21
	(*c*) No. of 4(a) attended by general practitioner at birth	11
5.	No. of babies born in ambulances	4
	(*a*) hospital booked	1
	(*b*) not booked	2
6.	No. of cases on emergency list for hospital confinement, but delivered at home	3
	Total No. of cases attended by general practitioner ...	589 (12%)

(8) REQUESTS FOR MEDICAL AID BY DOMICILIARY MIDWIVES UNDER C.M.B. RULES, ANALYSED BY CAUSE

		Doctor booked for antenatal and postnatal care	*Doctor not booked*
(*a*)	Mothers		
1.	Antepartum haemorrhage	25	13
2.	Chest conditions	—	—
3.	Essential hypertension	—	1
4.	Hydramnios	—	—
5.	Malpresentation	35	—
6.	Multiple pregnancy	1	—
7.	Other antenatal conditions	29	1
8.	Poor general condition	6	8
9.	Toxaemia	20	5
10.	Urinary conditions	1	—
11.	Varicose veins	—	—
12.	Difficult or prolonged labour	76	15
13.	Foetal distress	50	8
14.	Post partum haemorrhage	15	—
15.	Laceration of perineum	222	22
16.	Obstetric shock	1	—
17.	Premature labour	19	—
18.	Retained placenta	26	6
19.	Inflamed breast	2	5
20.	Other postnatal complications	29	1
21.	Puerperal pyrexia	32	10
22.	Thrombosis of leg veins	8	20
23.	Abortion	—	2
24.	Social conditions	3	3
	TOTAL	600	120
(*b*)	Children		
25.	Ophthalmia neonatorum	53	23
26.	Premature birth and debility	6	—
27.	Convulsions	2	1
28.	Deformity or malformation	13	2
29.	Jaundice	8	2
30.	Umbilical inflammation	2	2
31.	Inflamed breasts or abscess of	—	—
32.	Skin eruption, pemphigus	10	2
33.	Unsatisfactory condition	42	20
34.	Asphyxia	13	1
	TOTAL	149	53

DOMICILIARY CARE OF PREMATURE INFANTS

In 1967, there were 946 premature infants in the following categories and a total of 936 were cared for by the eight premature baby midwives.

1. *Home confinement with baby care at home* 97
   Birth weight distribution:

3 lbs. 5 ozs.—4 lbs. 6 ozs.	2
4 lbs. 7 ozs.—4 lbs. 15 ozs.	13
5 lbs. —5 lbs. 8 ozs.	82

   There were three sets of twins and one baby of twin delivery.
   No neonatal deaths.

2. *Home confinement with subsequent admission to hospital* ... 35
   Birth weight distribution:

2 lbs. 4 ozs.—3 lbs. 4 ozs.	4
3 lbs. 5 ozs.—4 lbs. 6 ozs.	13
4 lbs. 7 ozs.—4 lbs. 15 ozs.	7
5 lbs. —5 lbs. 8 ozs.	11

   There were one set of twins and two babies of twin deliveries. Eight perinatal deaths—prematurity (3), pneumonia (1), congenital heart (1), allelotaxis (1), cerebral injury (1), hydronephrosis (1).

   Reasons for admission—low birth weight (19), poor general condition (5), home conditions unsuitable (3), asphyxia (3), cerebral irritation (2), cyanosis (2), hospital bookings (1).

3. Home confinement, admission to hospital, care by premature baby midwife on discharge 41

   Birth weight distribution:

2 lbs. 3 ozs.—3 lbs. 4 ozs.	2
3 lbs. 5 ozs.—4 lbs. 6 ozs.	10
4 lbs. 7 ozs.—4 lbs. 15 ozs.	15
5 lbs. —5 lbs. 8 ozs.	14

   There were two sets of twins.
   One neonatal death at 21 days due to bronchitis.

   Reasons for admission—poor condition (12), low birth weight(12), unsuitable home conditions (11), hospital bookings (5), Rhesus incompatibility (1).

4. *Home confinement, not transferred to premature baby midwife* ... 10
   Three neonatal deaths—anencephalic (1), extreme prematurity (1), renal cystic hyperplasia (1).

5. Hospital delivery, after-care by premature baby midwife ... 763
   There were 44 sets of twins and 39 babies of twin deliveries.

TOTAL	946

1. Cervical Cytology

The increased availability of hospital cytology facilities led to a rapid expansion of the Local Health Authority cervical cytology services during 1967. Towards the fall of the year the waiting lists at some clinics were non-existent but with good publicity in local and national press and with a system of distributing appointment cards devised by the Department, the waiting lists at the end of the year were four to five months for each clinic.

Twenty-six clinics were being held each four weeks at the end of the year compared with ten in 1966. Each general practitioner is sent a carbon copy of the pathologist's report, and in the case of a grade 4 or 5 result, a letter is sent drawing attention to the fact. An analysis of the work is given below:-

(*a*) Completed tests		4,100
(*b*) *Results*		
Grade 1	Normal smear	65
Grade 2	Atypicality other than malignancy	3,999
Grade 3	Abnormal cells but not obviously malignant	12
Grade 4	Cells suggesting malignancy	19
Grade 5	Cells with malignant characteristics	5
Rate of abnormal smears (grades 4 & 5) per 1,000		5·9

(*c*) Analysis by patients age of Grade 4 and 5 smears

	No. of Completed	*Grades 4 and 5 Reports*	
Age Group	*Smears*	*Number*	*Rate per 1,000*
20—30	662	3	4·5
31—40	1,501	2	1·33
41—50	1,417	12	8·5
51—60	441	7	15·9
61+	79	—	Nil

During 1967 instruction on breast self-examination was given at eight of the cytology sessions. The instruction was in the form of a film plus a talk by a medical officer.

At the end of November, 1967, routine testing of urine was introduced into all cytology clinics. Each woman who attended had her urine examined by the Labstix method. The following table gives an analysis of the results:

Completed results		438
Positive tests		13
Occult blood	7	
Glucose	2	
Protein	4	

The results of urine tests were included on the cervical cytology report for follow up if necessary by the general practitioner.

2. Orthoptic Screening for Eye Defects

Three orthoptists from Selly Oak Hospital have been attending welfare centre sessions, day nurseries and immunisation clinics, to examine children's eyes for obvious defects and to give each child a cover test for squint. It was difficult to annotate these results as obviously a system had to be devised whereby the orthoptist could quickly record her findings without prejudicing the speed of her work. Such a system was devised and used since July, 1967. An analysis of the results is given from July to December, 1967:–

(*a*) No. of children examined 3,121

	White	2,714	
	Coloured	407	
By age	0—2 years	2,101	
	2—4 years	631	
	4 years + ...	389	

(*b*) Defects found

Albinism	1	Foreign body	1
Amblyopia	2	Heterochromia	1
Blephanitis	12	Keyhole iris	1
Blinking	1	Nystagmus	4
Cataract	1	Palsy	5
Conjunctivitis	7	Phoria	9
Cyst	3	Photophotrabria	1
Entropion	7	Ptosis	3
Epiphora	23	Squint	122

No apparent defect 2,866

(*c*) Incidence of abnormality

White children ... ... 2,714 examined – 6·6% one or more defects.
Coloured children ... 407 examined – 4·4% one or more defects.

Of the 2,101 children under two years 100 (4·8%) were found to have one or more defects.

Of the 631 children 2 – 4 years 61 (9·7%) were found to have one or more defects.

Of the 389 children 4 years and over 37 (9·5%) were found to have one or more defects.

By arrangement with the general practitioner, the orthoptist refers the child to the assistant medical officer who then refers him direct to hospital for consultant opinion where this is necessary.

Phenylketonuria

The phenistix test is carried out by health visitors in the home between the fourth and sixth week of the baby's life. It is extremely time consuming, especially in areas of multi-occupation and where there are tall blocks of flats.

Results:	Total No. of tests on 1967 births	19,754
	Refusals to permit test	17
	No. of children who left City before testing ...	566
	No. of children who died prior to the test	34

All tests were negative except in two instances where, on a positive phenistix test, the urine was referred to a hospital laboratory for further investigation. Neither child had the defect. One child born in hospital during the year was diagnosed from a family history. The incidence in Birmingham by this method of testing remains about one in 29,000. Both the Republic of Eire and Liverpool have introduced the Guthrie test and the incidence of the diagnosed defect in both places is less than one in 10,000. As Birmingham has a large Celtic population, it could well be that three cases are missed every two years. Obviously the matter will have to be explored further to see whether mass testing by other methods is necessary.

Congenital Dislocation of the Hip

Barlow's method of screening for congenital dislocation of the hip was introduced to the City as a whole in November, 1966 and is carried out by the domiciliary midwives. During 1967 there were 3,453 tests and 33 babies went forward for consultant opinion. The number of tests does not correspond with the number of domiciliary confinements although it is known that many more tests than recorded were carried out. A system of checking will be introduced in 1968.

Screening for Deafness : Audiology Clinic

The health visitors and Medical Officers carried out 10,132 tests by the Ewing method with emphasis on those children on the observation register. In addition to the tests carried out at the clinic, many special visits were paid to test in the home. The concern of the health visitor or clinic medical officer about the results of such tests or about the poor quality of the child's speech was the reason behind the referral of 184 children to the audiology clinic. Dr.Simon, a consultant psychiatrist and a specialist in mental subnormality in children has attended many sessions and has helped with further investigations in depth at Lea Castle Hospital.

Work at the Audiology Clinic

New children referred for testing	184
Children on register on 1st January, 1967	129
Children on register on 31st December, 1967	144

1967 disposal (184)

Discharged-hearing normal	5
To Dr. Simon for training or further investigation	22
Children referred to School Health Service	45
Children referred to Children's Hospital	12
Children under supervision or training	99
Child returned to Eire...	1

1966 disposal (129)

Discharged	84
Under training or supervision	45

Screening for Handicaps: Observation Register

During 1967 a very critical look was taken at the observation register. Even though the number of conditions which would place a child on the register was drastically reduced in 1966 and a punched card system devised, there was so much information about normal children that, when details were required about the handicapped, they could not be found without an undue expenditure of time and many errors. The number of conditions was reduced to 11 as suggested in the Chief Medical Officer's report and a medical officer was appointed whose duties include the supervision of the register and to develop a scheme already in existence to help children with handicaps and their parents. The keeping of a register per se is of no account unless the end result is of help and effective in giving help. It was decided to decentralise the register and each welfare centre would have an observation register for its district.

From the beginning of 1968 the register will be maintained in the form of a loose leaf book at each welfare centre. Each leaf of the book will be devoted to a child on the register. Details of the childs history stemming from the maternity units and the domiciliary midwife, which would place the child at risk, will be forwarded from Trafalgar House to the relevant welfare centre. As well, the health visitor will add the names of children whom she finds on the district to have either a physical, mental

or social handicap. It will also be her duty to have children under observation seen by a clinic medical officer or, failing that, to have the child examined by either of the doctors from central office who are particularly skilled in the assessment of children. This should obviate the criticism that the observation register only caters for a percentage of handicapped children. This system of loose leaf files gives a flexibility and permits details to be sent to other centres or other authorities when the child moves. Thus the health visitor will keep her own register, do her own follow up and have her babies and infants assessed by the clinical medical officer. To complete the exercise, the health visitor will notify to head office those children who have an obvious handicap or those who consistently fail assessment tests. A central register on a punch card system will be maintained at head office and this will be a working and a recording register.

Training Classes for the Handicapped

The medical officer responsible for the observation register and the central register of the handicapped, includes amongst her duties the expansion of the programme of special training classes for handicapped children. In a fashion, these classes are run along the lines of a playgroup with the health visitor, mothers and sometimes a clinic medical officer participating. Their purpose is to try and teach in one way or another the aptitudes and skills which should come in normal development and which are poorly developed or are completely missing at the appropriate chronological age. Skills and aptitudes are taught in sequence as they occur in a normal baby or infant. Various media are used such as those that would require fine or coarse manipulative skills, walking accessories such as a large ball, a variety of materials to stimulate touch and sensation, music, pictures and oddments all with a purpose in play and learning, just in the same way as a normal child's learning and skills are acquired through play for the most part. Social aptitudes are important and not neglected, such as using cups, saucers, spoons, etc., and such simple skills as learning to fasten a button. If a child acquires social graces despite his handicap, then to some extent society will receive him. Equally important are the mothers of the children. They discuss their difficulties either with each other or in a group with the health visitor and doctor. The child's progress is slow and a wealth of patience, endeavour and kindness is needed to lift a subnormal's mental age from one to three years. Above all, the parent benefits as she resolves some of her emotional difficulties, has a greater understanding and acceptance of her child and feels she is not alone.

Transport is still the greatest problem and some groups could do with voluntary help. Various efforts have been made to encourage voluntary transport and a few kind ladies have helped.

Training of Medical Officers

The programme of special training in developmental assessment of young children has continued and in 1967 a further two medical officers were sent on the "Ruth Griffiths Course". It is planned to send four more in 1968. The ultimate aim is to train all medical officers so that, in co-operation with the health visitor, they use this new skill in the diagnosis and assessment of handicap in their clinic area. Cases they find who would need special provision would be referred to the two administrative medical officers who are becoming very expert in these matters. During the year all the health visiting staff were given basic training in simple developmental testing.

Screening of Urine Samples

All patients referred to the district nurse have a sample of urine examined.

HEALTH VISITING

(Section 24 – National Health Service Act, 1946)

On 31st December, 1967, the Department employed the equivalent of 116 health visitors (106 whole-time and 19 part-time). This was a decrease of 16 on the 1966 figure and it has been difficult to concentrate the number of health visitors required to staff the central and middle rings of the City where overcrowding and poor standards of hygiene require the type of visiting and timely advice at which the health visitor excels.

Secondments of health visitors were made to the unmarried mothers section, the geriatric section and nine sessions were given weekly by two health visitors to special work with daily minders.

On 31st December, 1967, there were 95,198 visited children under the age of five years. The average basic case load was 842 as compared with 743 in 1966. In addition regular visits were paid to 1,601 persons over the age of 65 years and to 158 mentally disturbed persons. Of the visited children under five years, 16·8 per cent. were of the coloured population as compared with 15·4 per cent. in 1966.

The social and hygienic problems in some areas of the City multiply and it was unfortunate that recruitment from the Health Visitors' Training School 1966/67 was so poor. It meant an incredible burden of work and anxiety for the administrators and staff of this section. Some boxes of visiting records could not be allocated: indeed some health visitors in the worst parts of the City had case loads of approximately 1,300 children 0–5 years old. As field work instructors have a lower case load the burden on others was increased. A vast amount of preventative work could not be carried out. Routine visiting, even to those who needed this type of help, was at a standstill and only highly selective visiting was undertaken. At some welfare centres, health visitors could only attend emergency calls. Added to their work in eight districts was that which previously had been undertaken by the health visitors at the Chest Clinic and, late in the year, with the reorganisation of the daily minders section, they were asked to carry out all routine visiting to child minders and premises. With increased co-operation with general practitioners, there was a heavy demand for health visiting from that source too.

All praise must be given to this section for undertaking a volume of work which would be considered unbearable by most and for the cheerful and earnest way it was carried out.

Co-operation with General Practitioners

During 1967 health visitors assisted 59 general practitioners in 43 practices with sessions in their surgery premises. In addition, 83 individual general practitioners held clinics in welfare centres.

In the health centres and clinics shared by general practitioners the duties undertaken by the health visitors included social problem consultations with patients, case conferences with other visitors to the home when the problem had a medical bias, special visiting of patients with underlying social problems, health education of patients attending and in addition dealing with direct referral from the surgery consultation of patients requiring the health visitor's help and advice. Some general practitioners enlisted the aid of the health visitor with psychosomatic problems. One health visitor held a weekly session in a doctor's surgery where she saw patients by appointment referred by the general practitioners because they had social problems. At some surgeries the health visitor takes charge of immunisation sessions, giving the injections which the practitioner present prescribes.

In some areas general practitioners have attended parents' evening meetings held in welfare centres and have taken an active part in this type of health education. In one densely populated area of the City a general practitioner asked his health visitor to assist him in the distribution of a trust fund for needy families. She supervised the necessary purchases of clothing and the payment of outstanding debts.

General practitioners have participated to a much greater extent in the meetings of field workers from many disciplines which take place regularly in many areas of the City.

During the year two health visitors have been attached to two group practices, one on the inner ring on a full-time basis and one at a peripheral surgery where she gives three weekly sessions to this work. It is evident that they are both dealing predominantly with the "at high risk" groups of patients.

When the staff situation improves it is hoped to increase this type of liaison as it has brought particular satisfaction to the workers involved.

Programme of Work in Association with General Practitioners

1. SURGERIES ATTENDED

	Type of Surgery Regularly Attended					
	Adults	*Ante and Post Natal*	*Children*	*Combined Antenatal, Postnatal +Children*	*Geriatric*	TOTAL
Weekly ...	4	6	10	14	—	34
Fortnightly ...	—	1	1	2	—	4
Monthly ...	—	—	3	1	1	5
TOTAL	4	7	14	17	1	43

2. CLINICS IN WELFARE CENTRES

	Type of Clinic Held			
	Antenatal, Postnatal, Cervical Cytology and Gynaecology	*Children*	*Combined Antenatal, Postnatal + Children*	TOTAL
Weekly ...	21	6	17	44
Fortnightly ...	6	3	2	11
Monthly ...	—	5	3	8
TOTAL ...	27	14	22	63

The total number of sessions given to general practitioners at welfare centres or surgeries was 355 monthly, an increase of 58 per month on 1966. The total number of practitioners involved was 147. It is estimated that 71 per cent. of the health visiting staff were involved in these schemes.

Visitors to Welfare Centres

There was a total of 1,702 visitors to welfare centres. These ranged from visitors from Chile, Afghanistan, Turkey and Sweden, to students in training for nursing and for professions allied to health visiting. The majority of visitors spent at least one day with the health visitors. It has been rewarding to note that many student nurses have referred to their day's work with the health visitors whilst they were in training. There is no doubt that this experience has been instrumental in arousing their interest in the career of health visiting.

Health Education and the Health Visitor

Health visitors continued to play an important role in group health education and took part in the programmes offered to schools, youth and adult groups, and to elderly people. In the clinics special emphasis was paid to cancer health education and to family planning. The employment of an Indian health visiting assistant has facilitated health teaching among Asian immigrants in clinics and in the homes. Her help with visual aids in this direction has been appreciated.

Refresher Courses and In-Service Training

Approved refresher courses arranged by the Royal College of Nursing and the Health Visitors' Association were attended by 24 health visitors. In addition to the twelve field work instructors employed in the City, two health visitors were sent for a course of training to enable them to undertake these duties in the future. One health visitor was successful in gaining

her Health Visitor Tutor's Certificate and obtained a distinction in teaching. She is now employed at the College of Commerce as the third tutor to the Health Visitors' Training Course. Another health visitor was seconded for training as a tutor in September. Fourteen health visitors participated in a special course in psychiatry arranged in conjunction with the Regional Hospital Board. Twenty health visitors have received specialised training in audiometric screening and two are now attending a day release course of advanced training in audiometry at a local technical college. A short in-service training was given to all members of staff to assist them in their work with developmental paediatrics. Six staff meetings throughout the year enabled the staff to keep abreast of current developments.

Health Visitors' Training Course

Fifteen students were sponsored by the Health Department to train at the College of Commerce. Candidates who did not have five 'O' levels or the equivalent were asked to undertake an educational entrance test. The following figures summarise the response to our advertisements for student health visitors during 1967:

Finally accepted for training	15
Failed entrance test...	33
Withdrawn after acceptance	5
Withdrawn before acceptance	12
Application form not returned	68
Full complement of students reached, therefore not accepted ...	18
Not accepted for other reasons:	
Failed medical examination	1
Advised to apply to other authorities	5
Not resident in Britain – advised to re-apply when returned ...	1
Not resident in Britain – application not accepted	3
Insufficient qualifications	1
No qualifications at all	1
Total number of preliminary applications	163

Housing Management Department Hostels

The policy of the Housing Management Committee has been to close a number of hostels for mothers and children and to make available more halfway houses where the homeless cam be accommodated in family units.

The following table shows the number of visits paid to hostels during 1967:

HOSTELS	*No. of children visited*	*No. of expectant mothers visited*	*No. of families visited*	*Total No. of visits to hostels*
112 Moseley Street, 12.	108	6	73	25
Bourne House, 43 Trinity Road, 20. (Closed September – December, 1967 for conversion into family units)	17	—	7	20
Milton Grange, 1 Oakland Road, 13. (Closed December, 1967) ...	34	3	20	25
80 Westley Road, Acocks Green. (Closed July, 1967)	58	8	33	10
306 Station Road, Stechford. (Closed July, 1967 for conversion into family units)	48	2	33	14
10 Soho Road, Hockley. (Closed November, 1967)	84	—	38	25
TOTALS	349	19	204	119

Rickets in 0–5 Age Group

This survey into the incidence of rickets and scurvy in pre-school children has been continued. There was no case of scurvy reported by health visitors in 1967. The following table lists the cases of rickets which have been diagnosed in hospital and known to health visitors:–

	1967	*1966*	*1965*	*1964**	
English	2	3	6	7	
West Indians	4	3	6	+18	two
Asiatic Indians	5	5	4	12	doubtful
Mediterranean Countries...	Nil	2	Nil	Nil	
Nigerian	1	Nil	Nil	Nil	
	12	13	16	37	+two doubtful

*1964 includes all cases 0–5 years diagnosed and known to health visitors. (prevalence).

1965, 1966, 1967–cases diagnosed and known to health visitors in the particular year. (incidence).

The children of immigrants, often crowded in poor dwellings away from the cold (and sunlight) and continuing on their former diet are potential casualties from this deficiency disease. Fortunately, their problem with a little time is soluble. The occurrence of the illness in white native children is more difficult to understand. These cases are usually most severe in children of large families living in poor circumstances. The harrassed mother is unable to take her children to a park to play, nor can she take them to the welfare centre for vitamin supplements or fortified dried milk and the children are often given diluted cow's milk. Cases of rickets in children of well-to-do parents have been recorded in the journals more recently and usually they are not diagnosed until about 18 months. Babies are now given mixed feeding often at an extraordinarily early age as it appears to the older generation. Mother quite unwittingly stops the fortified dried milk and hence rickets supervenes.

The Battered Baby

This phrase has been used to describe a condition in small children whose parents bring them to a hospital casualty department suffering from multiple bruises and broken bones. The syndrome originally described by Caffry in the United States of America and recognised in this country for the past ten years, seems to be occurring more frequently. The parents account for the injuries, saying the child has had a minor fall or rolled off a bed or chair but x-rays show that often there are both fresh and healed fractures that no fall could ever inflict. The naked truth is that these small children, often not even walking, have been the victims of brutal and repeated attacks by either, or in a case known to the Department, by both the parents.

Again, a baby known to the Department was received in casualty and diagnosed as having broken ribs and fractured humerus. The x-rays further revealed healed fractured ribs on the other side, a depressed healed fracture of the skull and a healed femoral fracture. It is difficult to understand what tempest of mind seizes a parent so as to inflict such injuries. The majority of these parents are young, underprivileged and inadequate – they may be of low mentality. As knowledge progresses it is becoming known that the professional or well-to-do parent may also be guilty. Various reasons are put forward that they are narcissistic, egocentric people, that their threshold level of frustration is uncommonly low, that they have a propensity for impulsive and aggressive behaviour, etc. However that may be, their protective instinct against discovery is paramount as they bring their baby to a different hospital casualty

department after each episode of brutality and their stories are usually convincing enough to persuade the casualty officer that the injuries are accidental.

Health visitors are often the first to suspect this condition occurring. During 1967 eight highly suspicious cases were reported by them to the Department. Their observations were sent to the Children's Department or, where the child was a patient in hospital, to the consultant in charge.

Congenital Abnormalities

The increased suvival of people with congenital malformations presents the medical profession and society with certain anxieties and fears. There is a fear that the malformed may introduce genetic deterioration and that their survival in increasing numbers may place on society a considerable financial burden for their upkeep and education. Yet both of these fears are groundless as insufficient is known of the causation of congenital malformations. As for special medical and educational facilities, the total cost would only be a very tiny fraction of the amount now spent on education and medical care.

Many babies with gross malformations survive to adult life. Some of these babies at birth or shortly afterwards are entitled to the most costly medical and surgical care. If they have this entitlement, the same should be true for their continued after care and for their socialisation and education. There is then this paradoxical situation of intense and costly medical care being given to a malformed baby so that it may survive, yet the intense services needed in life afterwards to fit this child for living are so often so few.

The following is a list of notifications of congenital malformations for 1967, as used in a joint study by the Department of Social Medicine, Birmingham University and the Public Health Department. For comparison purposes, the numbers in brackets are of the particular abnormality as notified by the hospitals and domiciliary midwives under the Ministry of Health scheme. Some of the discrepancies between the two series of figures are explained by the fact that the Ministry figures are collected within the first month of life and are not re-appraised. However, some of the discrepancies cannot be explained other than by non-notification at birth.

	Children with one malformation	*Children with two or more malformations*	*Total*
Number of children affected ...	358	47	405 (369)*
Number of malformations :			
Mongolism...	26	4	30 (21)
Anencephalus	35	3	38 (23)
Spina bifida (without anencephalus)	30	6	36 (32)
Hydrocephalus (without spina bifida)	9	2	11 (4)
Exomphalos	2	3	5 (6)
Oesophageal atresia, etc. ...	5	1	6 (5)
Gut obstruction	5	3	8 (6)
Imperforate anus	7	3	10 (9)
Renal agenesis	2	1	3 (0)
Hypospadias	8	1	9 (9)
Other genito-urinary	7	10	17 (10)
Cleft lip (with or without cleft palate)	16	3	19 (14)
Cleft palate (without cleft lip) ...	7	3	10 (5)
Congenital heart disease (without mongolism)	25	24	49 (36)
Polydactyly	31	6	37 (30)
Syndactyly	10	6	16 (12)
Talipes (without other defects) ...	79	—	79 (68)
Unstable hip	14	3	17 (18)
Other limb defects	8	7	15 (13)
Cataract	2	—	2 (2)
Other eye defects	—	4	4 (3)
Accessory auricle	4	2	6 (1)
Other ear defects	—	4	4 (5)
Diaphragmatic hernia	7	2	9 (5)
Malformations other than above	19	22	41 (82)

Defects Notified Soon After Birth

This list only includes children with well-established macroscopic abnormalities of structure attributable to faulty development and present at birth. 109 other children who were reported to be malformed have been excluded because the conditions reported did not meet these criteria.

SUMMARY OF VISITS BY HEALTH VISITORS 1966 AND 1967

Home Visiting		1966	1967	*Increase*	*Decrease*
No. of area health visitors		132	116	—	16
Average case load of children under 5 years		726	842	116	—
No. of Phenylketonuria tests		20,807	19,754	—	1,053
(*a*) *Routine visits to children under 5 years*					
Primary visits		22,135	22,421	286	—
Routine visits	0–12 months	64,106	58,857	—	5,249
	1 year	47,706	43,393	—	4,313
	2– 5 years	100,090	95,478	—	4,612
TOTAL		234,037	220,149	—	13,888
(*b*) *Special visits*	0–12 months	10,195	8,780	—	1,415
	1 year	2,764	2,270	—	494
	2– 5 years	5,012	4,648	—	364
(*c*) *Visits to expectant mothers* – Primary visits ...		1,859	2,028	169	—
Revisits and special visits		2,071	1,676	—	395
(*d*) *Postnatal visits, etc.*	Postnatal	210	249	39	—
	Neo-natal deaths ...	68	57	—	11
	Stillbirths	50	47	—	3
(*e*) *Miscellaneous visits* :—					
Scabies		410	566	156	—
Domestic helps		30	12	—	18
Children of school age		937	914	—	23
Adults (other than AN and PN)		1,971	2,558	587	—
Old people (women 65+: Men 65+) ...		4,707	4,597	—	110
Mentally disordered persons		323	461	138	—
Hospital follow-up (by area health visitors)		682	804	122	—
Infectious diseases (other than T.B.) ...		532	9	—	523
Tuberculosis visits by area health visitors		—	686	686	—
To general practitioners		191	248	57	—
Re insanitary conditions		74	68	—	6
Housing		87	85	—	2
(*f*) *Specialised work*					
Hospital follow-up visits by special visitors		2,376	2,102	—	274
Daily minders – N. & C.M. Act by special visitors		—	1,078	1,078	—
GRAND TOTAL		268,586	254,092	—	14,494
TOTAL USELESS CALLS		52,568	53,660	1,092	—
Hostels for the Homeless					
No. of children visited		1,435	349	—	1,086
No. of expectant mothers visited		96	19	—	77
No. of families visited		784	204	—	580

Work of the Health Visitors in General Practitioner's Surgeries	1966	1967	*Increase*	*Decrease*
No. of Clinics attended by health visitors ...	1,234	1,286	52	—
Total attendances of children	6,030	7,100	1,070	—
0–12 months	4,423	5,350	927	—
1 year	804	963	159	—
2– 5 years	742	728	—	14
Over 5 years	61	59	—	2
Examined by general practitioners	3,285	3,853	568	—
Seen by health visitors only	2,745	3,247	502	—
Attendances for immunisation	7,722	6,169	—	1,553
Antenatal attendances	6,793	7,174	381	—
Postnatal attendances	510	573	63	—
Others adults seen	406	351	—	55
Attendances at health talks given by health visitors	3,025	2,334	—	691

HOME NURSING SERVICE

(Section 25 – National Health Service Act, 1946)

Co-operation with General Practitioners

1967 has been a year of interesting developments towards a much closer working relationship between district nurses and general practitioners. Prompted to some extent by a report published by the Queen's Institute of District Nursing under the title "Feeling the Pulse", which was a survey of district nursing in six areas, the officers in the Department felt that a careful look should be given to the home nursing service in the City. "Feeling the Pulse" commented directly on four aspects of the service which were of particular concern; these were:–

(a) The amount of unskilled work undertaken by trained nursing staff.
(b) The lack of communication between general practitioners and district nurses.
(c) Doctors not aware of the potentials of the district nursing service.
(d) The deployment of the skills of the service to the best advantage.

It was generally agreed that the criticisms which these points implied were not evident in schemes where district nurses were wholly attached to group practice. Where such schemes operated the district nurses used their skills to the full – they had direct communication with the doctors in the practices and access to the patients' records. The doctors recognised the training and qualifications of the nurses and were prepared to delegate responsibility and extend the scope of their nursing duties. Unfortunately attachment schemes use a higher proportion of nursing staff than the traditional method of one nurse to a prescribed geographical area.

An Experimental Scheme

As a result of many discussions on the report it was decided to carry out an experimental scheme in the Hall Green district nursing area. This area has a population of approximately 200,000. It is mainly residential although some industry is sited on its Northern and Eastern boundaries. The nursing staff numbered thirty-one; of these, twenty-five were full-time and six were part-time. Twenty-six nurses had some form of motorised transport. The intention was to form the nurses into teams of three or four and attach each team to a group of doctors. The doctors chosen numbered sixty-five; they were those whose surgeries were situated within the experimental area. Therefore, each team of nurses would look after the patients of eight to ten doctors.

The scheme was carefully prepared, a series of staff meetings were called and each stage as it progressed was carefully explained. Each doctor was visited by a senior nursing officer and the proposed arrangements were explained in detail. The doctors were told that a team of nurses would be allocated to their practices, the nurses would call at the

surgeries regularly to discuss any matters relating to patients and carry out any treatments or tests which the doctors chose to allocate to them.

Two weeks before the scheme was due to start a letter was sent to each general practitioner giving the names and qualifications of the nursing team which would be attached to their practices.

The change-over went very smoothly, some nurses took more kindly to it than others. The increased amount of travelling involved was the main criticism. Inevitably there were instances where immediate headway was made, visits by the nurses were welcomed at the doctors' surgeries, clinical sessions were arranged and the nurses were asked to undertake special visits often accompanying the doctors to particular cases. With others the progress was minimal but this did not unduly cause worry as it was known it would take some time to adjust to the new pattern.

It was agreed that at the end of a six months' trial period a meeting between district nurses, general practitioners and staff from the Public Health Department would be arranged, so that any points arising from the scheme could be discussed. If the scheme was a success it would then be extended to cover the City.

The work carried out by the district nurses during the first period and compared with the same period in 1966 is summarised below:–

	1966						1967					
	July	*Aug.*	*Sep.*	*Oct.*	*Nov.*	*Dec.*	*July*	*Aug.*	*Sep.*	*Oct.*	*Nov.*	*Dec.*
New Cases ...	161	184	165	192	185	188	177	187	203	201	211	215
Visits ...	7,487	7,738	7,723	8,406	7,916	8,180	7,612	7,357	7,237	7,810	7,488	7,409

An interesting feature in the above table is the increase in the number of new cases attended during the six months of the trial period as compared with the same period in 1966 and a corresponding decrease in the number of domiciliary visits. The decline in the number of domiciliary visits has been offset by the treatments carried out in surgeries and observation visits paid by the nurses at the request of the doctors as shown:–

1967	*Immunisations and Vaccinations*	*Tests*	*Treatment*	*Injections*	*Observation Visits*	*Total*
July ...	43	1	50	47	88	229
Aug. ...	159	18	66	76	84	403
Sept. ...	100	26	46	94	77	343
Oct. ...	140	46	60	129	89	464
Nov. ...	123	23	46	120	71	383
Dec. ...	100	28	33	114	58	333

Travelling

The additional travelling which the new scheme produced has frequently been under discussion; nurses are very conscious of the boundaries of their districts and do not like going outside their prescribed areas. It has been pointed out that doctors of different practices frequently visit the same street and the nurses in their new role must be prepared to do likewise.

A comparison of the mileage with that of 1966 is shown below:–

	1966						1967					
	July	*Aug.*	*Sept.*	*Oct.*	*Nov.*	*Dec.*	*July*	*Aug.*	*Sept.*	*Oct.*	*Nov.*	*Dec.*
Number using motorised transport ...	25	25	25	25	26	25	27	26	27	26	29	29
Mileage ...	7,791	8,088	8,010	8,533	8,563	8,411	9,595	9,345	9,168	10,290	10,181	9,631
Average number of miles per nurse ...	312	324	320	341	329	336	355	359	340	396	351	332

To our surprise we found that under the experimental scheme each nurse travelled an average of only 20 to 50 more miles per month.

Attachment and Liaison Schemes with General Practitioners

By the end of 1967 nine district nurses were fully attached to group practices. In five of these practices the work developed to such an extent that it became necessary to place a state enrolled nurse to work with the district nursing sister, thus bringing the total up to fourteen. In addition to these, five nurses visited doctors' surgeries one or twice weekly to discuss matters concerning patients, treat ambulant patients and to make special visits at the doctor's request.

Of the nine district nurses fully attached, three worked from health centres and six from the practice surgeries.

The work undertaken throughout the year is shown below:–

	Immunisation and Vaccination, etc.	*Blood Specimens*	*Blood Pressure, Urine, Tests etc.*	*Special Bandages, Dressings, Treatments*	*Injections*	*Total Treatments*	*Observation Visits*	*Total of all Visits*
January ...	210	36	160	509	398	1,313	231	1,544
February ...	228	43	183	462	435	1,351	293	1,644
March	269	66	243	454	419	1,451	214	1,665
April	377	102	240	503	447	1,669	242	1,911
May	425	100	256	663	595	2,039	373	2,412
June	527	133	211	753	570	2,194	287	2,481
July	530	103	336	1,029	718	2,716	408	3,124
August ...	747	115	240	882	698	2,682	300	2,982
September ...	696	138	328	1,143	774	3,079	294	3,373
October ...	757	148	392	1,111	887	3,295	351	3,646
November ...	736	200	320	1,170	840	3,266	364	3,630
December ...	646	198	334	944	709	2,831	339	3,170
TOTALS: ...	6,148	1,382	3,243	9,623	7,490	27,886	3,696	31,582

Nechells Green Health Centre

The work carried out by the district nurses attached to the Nechells Green Health Centre appears to have stabilized as the following table shows:–

TOTAL NUMBER OF CASES TREATED BY THE NURSES

1962	*1963*	*1964*	*1965*	*1966*	*1967*
10,491	11,266	11,777	12,177	11,923	11,995

The treatments were classified as follows:–

Injections	3,381	+ 22
Dressings	6,299	+ 14
Others	2,315	
	11,995	36

Thirty-six patients not on the lists of doctors at the centre were treated.

Night Nursing Service

The service continues to be operated by a state registered nurse with relief staff on duty at weekends. Night attendants are available on a rota and are called upon if it is necessary for the patient to receive continuous care throughout the night. During 1967 the work of the service increased substantially as the following table shows:–

	1966	*1967*
Cases	34	66
Visits	134	218
Night Attendant called ...	5	20

The Queen's Institute of District Nursing

In Birmingham the training of state registered nurses as district nurses has always been arranged under the auspices of the Queen's Institute of District Nursing. The training centre has been of a standard approved by the Institute and the students have been trained according to its syllabus. The Institute has been responsible for the practical and written examinations and has awarded a certificate to successful candidates.

Since 1957 the Ministry of Health has taken an active concern in district nurse training; it has formally approved all district nurse training schemes, including those of the Queen's Institute of District Nursing, and has awarded certificates to nurses successfully completing the course. In view of this, and because of difficulty in meeting financial commitments, the Queen's Institute, which is a voluntary body, decided to discontinue its function as a training and examining body for State Registered Nurses and notified Local Health Authorities that as from June, 1968 the Queen's certificate would no longer be awarded. It would, however, still draw up a syllabus of district training for state enrolled nurses, arrange the practical and written assessments and award certificates to the state enrolled nurses who were successful.

The Institute announced that it would continue to organise refresher courses, undertake research and maintain an information and advisory service to its members.

The Future of district Nurse Training for State Registered Nurses

In December, 1967 the Minister of Health issued a circular informing Local Health Authorities that he had concluded the time had come "to establish unified arrangements for training and examination for a single National Certificate". He advised Local Authorities that they should organise their own district nurse training and conduct examinations.

The Minister expressed the hope that neighbouring authorities would co-operate in the provision of training centres for both theroretical and practical training. He stressed the desired objective as "a fully trained district nursing service".

The Minister concluded by paying tribute to the valuable contribution to district nurse training rendered by the Queen's Institute, an expression we would endorse.

Voluntary Organisations

The district nurses often find that their patients have other needs as well as nursing care; many of these cannot be met by statutory services and it is here that voluntary organisations play such an important part. It would be difficult to mention all those who have helped our patients through the year but we are particularly indebted to the following: the excellent work of the Women's Royal Voluntary Service in delivering hot meals to so many house-bound elderly patients; the help given by the Visiting Service of the Birmingham Council for Old People. Our special thanks go to two voluntary organisations without which our service could not function so efficiently – these are the Association of Friends of Home Nursing in Birmingham and the Marie Curie Memorial Foundation.

The Association of Friends of Home Nursing in Birmingham very generously supplies each of our eight area Superintendents with a £5 float, our of which they can purchase soap, sponges, towels, nightdresses, pyjamas and sheets for needy patients. They have also provided stockings for patients with ulcerated legs, assisted in paying for recuperative holidays for people in urgent need outside the scope of the National Health Service, reimbursed the cost of domiciliary physiotherapy for house-bound patients and sent food parcels at Christmas to those unable to afford any extras.

The great advantage of a voluntary organisation such as this is that the benefits are obtained immediately and in an emergency situation this is of inestimable value.

The Marie Curie Memorial Foundation provides nurses to care for patients suffering from malignant disease; the service is administered by medical and nursing staff in the Public Health Department. At present 11 nurses are employed; during 1967 they attended 124 patients. The Foundation paid £1,989. 3s. 4d. in nurses' salaries, National Health Insurance contributions and travelling expenses. £98. 6s. 7d. has been contributed from the Area Welfare Grant to supply material comforts in items such as extra fuel, nourishment, clothing, bed linen and other accessories.

Staff Training

During the year twenty-four state registered nurses entered for the examination for the Queen's Roll and the National Certificate of the Ministry of Health; all were successful. Of the twenty-four students, eighteen were trained for Birmingham and six for other authorities.

Sixteen state enrolled nurses undertook the ten-week course of instruction in district nursing; thirteen trained for Birmingham and three for other authorities. Fifteen entered for the practical and written assessments and all were successful; they were awarded certificates by the Queen's Institute of District Nursing.

All members of the district nursing staff had the opportunity of meeting together on three occasions, when lectures on subjects of special interest were given.

Seventeen members of the staff attended refresher courses. Study days were arranged for area superintendents and home nursing attendants.

The district nursing staff have been very appreciative of the invitations to attend post-registration study half-days arranged by the Director of Education and the Principal Tutors of Selly Oak, Dudley Road and East Birmingham hospitals. The lectures, on a wide variety of current topics, have aroused much interest and have helped the district nursing staff to keep abreast of the many changes and developments which are taking place.

Pupil Nurse Training

Three groups of pupil nurses, averaging twelve in each group, from the United Birmingham Hospitals have spent four weeks on the district during the second year of their general training. Under an agreement with the Queen's Institute of District Nursing these nurses are allowed four weeks reduction in the ten-week course of instruction in district nursing if they are appointed to the Home Nursing Service within a year of completing their hospital training.

Sixty pupil nurses from other Birmingham hospitals accompanied the district nurses for observation visits.

Domiciliary visits – Student Nurses and Post-Registration Students

Throughout the year 454 students from city hospitals, in addition to pupil nurses, accompanied the district nurses on their rounds. Of these, 357 were training for the General Register, 18 for the Register for Sick Children, 53 for the Register of Mental Nurses and 26 were Occupational Health Students.

Staff

The following table shows the number of nursing staff in post on 31st December, 1967, as compared with the 31st December, 1966.

	31st December, 1966			*31st December, 1967*		
	Full Time	*Part Time*	*Total*	*Full Time*	*Part Time*	*Total*
Superintendent	1	—	1	1	—	1
Deputy Superintendent ...	1	—	1	1	—	1
Area Superintendents ...	8	—	8	8	—	8
Assistant Superintendents...	2	—	2	2	—	2
Senior Nurses	7	—	7	8	—	8
S.R.N.'s with district training...	95	10	105	98	11	109
S.R.N.'s without district training	27	16	43	30	13	43
S.E.N.'s with district training...	25	3	28	43	5	48
S.E.N.'s without district training	13	2	15	5	—	5
Student nurses	9	—	9	—	5	5
TOTALS	188	31	219	196	34	230
Home Nursing Attendants	23	—	23	27	—	27
Full-time nurses seconded to work in the Geriatric section included in above	6	—	6	8	—	8

The table shows that the total number of nursing staff has increased from 219 in 1966 to 230 in 1967. The increase is most marked in the number of State Enrolled nurses employed. Whereas in 1966 there were 43 , in 1967 the number had risen to 53.

Sixteen male nurses are included in the number of full-time nurses; one of these is an area superintendent, one a senior nurse and two work in the geriatric section.

Twenty-three nurses are from overseas.

Conditions of Service

The five-day working week inaugurated during 1966 has proved very satisfactory. A long term duty rota is arranged so that the nursing staff know their time off well in advance. These favourable conditions have shown a marked reduction in the turnover of staff and produced a stability which has greatly benefited the service.

Home Nursing Attendants

Twenty-seven home nursing attendants paid 34,605 visits to 12,212 persons.

Children's Home Nursing Unit

During 1967 1,352 children were attended; of these 827 were new patients. A total of 8,069 visits were paid.

In May, the two children's units in the City, one of which operated from the District Nursing Centre in Moseley Road and the other from Summer Hill Road, combined to form one large unit. It continued to be worked by the two Sick Children's trained Queen's nursing sisters. It was considered that continuity of treatment would be more easily achieved in this amalgamation. The number of long term child patients has noticeably increased due to the good liaison with the Children's Hospital whose staff realise the possibilities of specialised nursing at home, if experienced care is available. Such patients may be babies with transposition of the great vessels who have a balloon septostomy performed and need careful supervision in the intervening months before further surgery.

The night nursing service continues to be of great value ensuring that these and other patients can have twenty-four hour care when necessary. The anxieties of parents are allayed when they know that this help is available. Throughout the year the night nurse attended 16 children to whom she paid 28 visits.

The majority of acutely ill children have been amongst the immigrant families in multi-occupied houses. Whilst attending to these there is a great opportunity for health education.

Representatives from medical and nursing staffs in the City, other areas of this country and from overseas have visited the unit during the year.

NEW CASES VISITED, ACCORDING TO DISEASE OR DISORDER, BY THE CHILDREN'S UNIT

	1965	*1966*	*1967*
Bronchitis, pneumonia, pleural effusion ...	422	366	248
Tonsillitis, otitis media, adenitis	196	164	97
Abscesses, boils and other skin conditions	191	117	107
Gastro-intestinal conditions, including enemas given	111	105	110
Infectious diseases	65	61	54
Disease of the central nervous sytem ...	16	11	7
Minor surgical	—	12	3
Diabetes melitus	5	1	2
Pyrexia	61	59	26
Other medical conditions	94	71	108
Post-operative conditions	41	31	46
Orthopaedic conditions	—	—	5
Eye conditions	7	5	6
Burns and Scalds	19	10	8
TOTAL	1,228	1,013	827

Statistics

(1) CASES NURSED BY THE HOME NURSING SERVICE

(*a*) *Number of patients attended*

Cases on books, 1st January, 1967	4,280
New cases attended	14,556
Total cases attended	18,836
Total visits paid	586,857

(*b*) *Ages of patients*

	Cases on books 1st Jan., 1967	*New cases*
Under 5 years	38	1,158
5–14 years	30	506
15–64 years	1,080	6,316
65 years and over	3,132	6,576

(*c*) *Cases referred by* ...

General Practitioners	10,788
Hospitals	3,196
Public Health Department	408
Transferred from other sources	164

(2) CLASSIFICATION BY DISEASE OR DISORDER OF NEW CASES DEALT WITH BY THE HOME NURSING SERVICE

(*a*) *Medical*

Arthritis	444
Respiratory conditions: Bronchitis	1,065
Pneumonia	196
Cardiac disease	762
Cerebral catastrophies	731
Diabetes	369
Malignant disease	1,005
Senility	832
Other medical conditions	3,805
Enemas administered	1,467
Mental illness	37
Mental subnormality	8

(*b*) *Infectious diseases*

Tuberculosis	96
Influenza	52
Whooping cough	9
Measles	100
Other notifiable diseases	6

(*c*) *Midwifery and Gynaecology*

Puerperal pyrexia	10
Antenatal complications	294
Postnatal complications	67
Miscarriages	10
Conditions requiring pessary renewals	40

(*d*) *Surgical*

Cases discharged from hospital	1,972
Operations at home	12
Treatment to ulcerated legs	475
Other dressings	692
	14,556

LOAN OF NURSING EQUIPMENT

(Section 28 National Health Service Act, 1946)

During 1967 the number of articles of sick room and special equipment on loan was 17,770, an increase of 156 compared with 1966. The amount contributed in charges was £3,484, an increase of £241. Although there was only a very small increase in the total number of items on loan during the year, the quantities of equipment especially for the aged increased by 13·1 per cent. while there was a fall in demand for the items of sick room equipment loaned from the District Nursing Centres.

The items which are particularly associated with the care of the aged are bath aids and geriatric chairs and the demand for this equipment has approximately trebled in the last three years. The bath aids supplied are bath seats and hand rails for tap fitting which are used singly or in conjunction with one another, dependent upon the needs of the patient. For general use it has been found that a wooden seat made by a handicapped person by arrangements with the Welfare Department is proving satisfactory. The bath rails, which are bought from a manufacturing company, can easily be fitted or removed with the minimum of tools. Difficulties do arise in connection with the latter in some of the newer properties where the bath taps are positioned on the corner of the bath instead of the more conventional central position at the end. In such cases the bath rail cannot be used and hand rails fixed to the wall have to be fitted by the Welfare Department. Two types of geriatric chair are used – a high backed, upholstered, tubular chair with adjustable, easily removable tray in front of the person and a simple wheeling device which permits the chair to be moved within the house with the person sitting in it but which will also be stable when the wheeling device is not in operation. The other type of chair incorporates an adjustable, spring loaded seat which is designed to assist the disabled persons to their feet.

The number of walking aids loaned during the year has also shown a very marked increase of 40 per cent. compared with the previous year, This is attributable to the continued heavy demand for the pick-up walker type of aid which now appears to have a very wide acceptance as the most satisfactory aid for rehabilitation and for the aged. Whilst the Department still has in stock most types of walking aids which have been available in recent years, it is noticeable that the simplest type is the one which is apparently most satisfactory and there is very little call for the more complicated aids.

There has been a moderate increase in the loan of wheel chairs. Most applicants are now anxious to have the compact folding chair which will fit in the boot of the family car and which is suitable for wheeling short distances. The older, heavier designs which were fully sprung for the patients comfort when being pushed a distance are being replaced as

the number of persons who require this type of chair is steadily declining in this motoring age. In 1967 the Department loaned 18 wheel chairs to the Parks Department for use at Cannon Hill Park during the period of the Tulip Festival and, in addition, extra wheel chairs were loaned as required when a known number of handicapped persons were visiting the show.

The use of hydraulic lifting hoists as a means of moving the patient from the bed to the wheel chair, commode, etc., is now more readily accepted and it is anticipated that the demand for this type of apparatus will grow steadily during the next few years.

The loan of enuretic alarm units showed a slight increase compared with 1966 and the waiting time remained at one to two months. Difficulties have been experienced with the sensitivity of these units and most manufacturers have re-designed both the units and the contact pads. A selection of transistorised units which give an extended battery life are now being evaluated. It is possible that the unreliability of the unit could affect the success of a particular child's treatment and this aspect of the problem makes the satisfactory condition of the units loaned of vital importance. The follow up of 121 cases who returned the alarm units during 1967 gave the following results which show much the same percentage of success and failure as in the previous year.

Age Group	*Successful*	*Not Successful*
3 – 7	33	13
8 – 12	36	28
over 12	6	5
	75	46

LOAN OF NURSING EQUIPMENT 1965–1967

(*a*) *Quantities of normal sickroom equipment on loan during*

	1965	*1966*	*1967*
Air rings and cushions	917	922	893
Back rests	993	1123	1045
Bed pans	1403	1714	1449
Commodes	2494	2996	3146
Leg cradles	572	728	781
Mackintosh sheets	1506	1589	1040
Sick feeders	101	115	122
Urinals	850	1038	952
Miscellaneous items	243	161	165
	9079	10386	9593

(b) *Quantities of special equipment on loan during*	*1965*	*1966*	*1967*
Bedsteads	812	863	894
Self-operating tilting beds	2	4	3
Special mattresses	466	454	478
Ripple beds (Anti-decubiti)	9	20	34
Fracture boards	189	190	210
Lifting poles and chains	312	332	345
Crutches, pairs	160	193	149
Walking sticks	1335	1520	1680
Walking aids	617	792	1106
Geriatric chairs	53	95	145
Lifting apparatus	33	34	49
Wheel chairs	1476	1758	1813
Merlin chairs (Self-propelling)	569	532	658
Enuresis units	139	212	224
Bath aids	135	229	389
	6307	7228	8177

LOAN OF FIREGUARDS

The number of fireguards issued during 1967 was 431, a decrease of 29·1 per cent. compared with the previous year. The demand for this service reached a peak in 1964 and at that time it was considered that it would remain stable for a period of years. It is now expected that the tendency will be towards a decline in the need for the provision of fireguards from public funds.

The loan of fireguards has been of great benefit to the aged persons with solid fuel applicances of old-fashioned design which are difficult to provide with adequate protection by the inexpensive guards available on the retail market. The considerable re-development of the City which has taken place in recent years has eliminated many of the older properties and the occupants have been re-housed in modern accommodation where no special guarding of heating appliances is required.

During 1967 335 guards were returned to stores and a check of the continued use and good condition of the guards still on loan revealed that a further 142 fireguards were lost as these could not be traced when the persons concerned changed their addresses or died.

	1965	*1966*	*1967*
Number of guards on loan 1st January ...	1,406	1,461	1,521
Number issued during year	539	608	431
	1,945	2,069	1,952
Number returned or lost during year	484	548	477
Number of guards on loan 31st December ...	1,461	1,521	1,475

DOMICILIARY LAUNDRY SERVICE

During 1967 the number of applications for the loan and laundering of linen was 743 and 1,018 persons were provided with the service. The number of new applications for this service increased steadily from its inception in 1951 until 1965, since when the increase has levelled off. The amount paid in charges was £3,196 a reduction of £145 compared with 1966.

The number of disposable incontinence pads used during the year was 81,500 compared with 66,000 during 1966. The disposal of the soiled pads has been transferred from the Upper Tame Main Drainage Authority to the Salvage Department and the incineration arrangements are now working very satisfactorily. The increased use of these disposable pads has now made it possible to reduce the laundry service to one delivery and collection of linen per week.

Difficulties have been experienced throughout the year in maintaining a suitable driving staff for this service. This type of work requires reliable van drivers who have an interest in the care of the aged and handicapped persons to whom they make deliveries. Frequently it is found that access to the homes of the persons needing this service is complicated by the ill persons being on their own at the time that the driver calls. The provision of this service is very dependent upon the drivers using their ingenuity to make the first contact and establish the means of access for future deliveries and collections of linen.

	1965	*1966*	*1967*
Number of cases on books 1st January ...	250	266	275
New applications during year	747	718	743
TOTAL	997	984	1,018
Cases removed from books during year ...	731	709	720
Number of cases on books 31st December ...	266	275	298

AMBULANCE SERVICE

(Section 27 – National Health Service Act, 1946)

The levelling off in demand experienced in 1966 was not maintained in 1967, there being a substantial increase in the number of cases carried. As a result of the increased demand it was necessary to make considerable use of the British Red Cross Hospital Car Service and of private hire cars, though it was possible to reduce the use of the latter as compared with the previous year.

The grand total of patients conveyed by the Ambulance Service during 1967 was 582,811 compared with 531,341 in 1966.

The Hospital Removal Cases are shown in the following table:–

Hospital Removal Cases

	1966	*1967*
Directly provided service	382,840	448,368
Hospital Car Service	33,101	39,494
Private hire cars	91,299	69,275
	507,240	557,137

The trend in the number of cases conveyed by directly provided ambulances of the Removals Section of the Service over the past four years is illustrated:–

Year	*Patients conveyed by directly provided ambulances of Hospital Removals Service*	*Comparison with previous year*	
		Increase	*Decrease*
1964	396,664	18,820	
1965	431,799	35,135	
1966	382,840		48,959
1967	448,368	65,528	

Detailed statistics under various classifications are shown in the following table, which also gives comparative figures for the past five years.

HOSPITAL REMOVAL AMBULANCES (DIRECTLY PROVIDED)

COMPARATIVE ANNUAL TOTALS OF CASES CARRIED ACCORDING TO CLASSIFICATION

	Analysis	*1963*	*1964*	*1965*	*1966*	*1967*
	Clinic cases ...	289,956	311,459	349,949	306,607	369,861
	Admissions ...	36,818	35,278	35,094	33,346	32,239
	Discharges ...	31,314	31,216	29,385	25,844	29,380
	Transfers ...	8,605	7,598	7,587	8,001	8,051
	Emergency Maternity Service	136	130	98	110	110
	Maternity ...	9,379	9,478	8,703	8,432	8,202
Out-patient units	Monyhull—Psychiatric ...	552	464	—*	—	—
	Miscellaneous ...	1,084	1,041	983	500	525
	TOTALS	377,844	396,664	431,799	382,840	448,368

Note: *As from 1st January 1965 psychiatric cases are placed in other categories, *i.e.* admissions, discharges, clinics, etc.

TOTAL NUMBER OF PATIENTS DIVIDED INTO STRETCHER AND SITTING CASES

(Directly provided ambulances)

	1963	*1964*	*1965*	*1966*	*1967*
Stretcher cases	92,448	94,336	98,878	97,589	112,222
Sitting cases	285,396	302,328	332,921	285,251	336,146
TOTALS	377,844	396,664	431,779	382,840	448,368

Trends in this ratio over the past four years are shown:–

RATIO OF SITTING TO STRETCHER CASES

(Directly Provided Ambulances)

1964	3·20 : 1
1965	3·36 : 1
1966	2·92 : 1
1967	3· 0 1

Principal variations in the classified analysis of the patients carried by directly provided ambulances of the Removals Service occurred as follows:–

Increase	Clinic cases (all forms of out-patient treatment) ...	63,254
	Discharges	3,536

Accident Ambulances

Nine ambulances based on two Ambulance Depots and six Fire Stations continued to provide cover for accidents and other emergencies.

There was a slight increase in the number of calls and casualties carried by the Accident Section, the comparative figures being as follows:–

	1966	*1967*
Calls	26,124	28,146
Casualties	24,101	25,674

Under mutual assistance arrangements with neighbouring authorities, the Service provided accident ambulances in response to 35 incidents outside the city boundary.

A detailed analysis of calls, classified injuries, hospitals to which casualties were conveyed and the number of fatalities, with comparative figures for the previous year, is shown in the following tables:–

ACCIDENT AMBULANCE CALLS

LOCATION OF CALLS

	1966	*1967*
Street accidents involving vehicles	5,482	4,838
Factory accidents	1,097	1,066
Private houses	10,024	12,160
Offices	144	167
Shops and restaurants...	709	754
Outdoor (other than street accidents)	3,964	4,307
Licensed premises	672	611
Schools	600	590
Cinemas and theatres	114	77
Other premises	2,695	2,952
False alarms (malicious)	623	624
TOTAL	26,124	28,146

CLASSIFICATION OF INJURIES TO PATIENTS CARRIED IN AMBULANCES

	1966	*1967*
Fractures	1,412	1,535
Wounds	4,331	5,055
Collapse, fits, strokes	4,197	4,738
Abrasions and bruises	824	980
Gas poisoning	179	206
Drowning	13	13
Eye injuries	180	150
Dislocations and sprains	193	247
Hanging...	2	3
Concussion, shock	2,359	2,296
Haemorrhage	849	914
Scalds and burns	453	438
Poisoning	834	944
Not classified	8,275	8,155
TOTAL	24,101	25,674

NUMBER OF PERSONS OF VARIOUS AGE GROUPS CARRIED IN ACCIDENT AMBULANCES DURING EACH HOUR OF THE DAY

Age Group	Hours of the Day																							Total
	00–01	01–02	02–03	03–04	04–05	05–06	06–07	07–08	08–09	09–10	10–11	11–12	12–13	13–14	14–15	15–16	16–17	17–18	18–19	19–20	20–21	21–22	22–23	23–00	
5 and under 5	76	45	27	29	19	16	18	26	56	77	103	155	213	218	242	245	239	219	191	152	131	97	105	90	2,789
6—10	25	13	7	4	4	4	5	9	56	38	42	82	130	126	140	119	195	139	111	84	56	46	29	21	1,485
11—15	24	6	6	—	1	5	6	21	75	58	79	111	128	132	142	146	132	114	105	97	89	91	59	40	1,667
16—20	188	123	54	39	34	18	31	85	119	117	96	119	147	147	137	143	169	211	128	154	150	182	357	358	3,306
21—25	172	132	104	66	32	33	24	56	75	82	82	106	126	98	129	142	117	141	124	99	78	136	240	392	2,786
26—30	170	80	67	55	22	23	32	63	68	64	70	98	81	75	83	112	102	102	86	71	76	88	157	231	2,076
31—35	86	52	44	26	16	14	18	25	46	45	47	80	60	61	84	90	69	77	65	65	58	71	97	141	1,437
36—40	95	47	40	33	14	15	18	34	54	57	45	62	65	51	77	80	63	66	68	53	59	63	106	136	1,401
41—45	60	32	18	12	14	8	12	30	34	53	45	59	62	58	75	76	66	77	64	47	45	55	82	134	1,218
46—50	55	27	17	17	8	14	15	50	49	82	54	63	64	68	77	82	66	81	59	49	57	58	82	107	1,301
51—55	48	20	13	5	6	11	18	42	48	53	49	64	69	51	79	85	74	75	52	48	37	52	59	75	1,133
56—60	40	30	19	9	12	11	21	45	45	58	61	78	92	67	95	79	69	73	58	43	50	55	61	83	1,254
61—65	34	22	11	9	7	15	14	41	48	54	61	84	94	69	81	60	68	63	41	49	42	41	58	58	1,124
66—70	27	11	5	9	6	2	9	14	18	29	48	60	66	51	62	58	53	42	26	32	23	30	45	35	761
Over 70	44	26	18	14	10	15	17	33	48	83	103	55	187	151	157	148	102	81	78	57	59	74	69	69	1,698
Unknown Age	8	7	5	6	2	1	2	6	4	7	9	14	24	7	6	30	9	14	12	11	6	15	17	16	238
	[illegible]																								25,674

THE FOLLOWING TABLE SHOWS THE INCIDENCE OF ACCIDENT CASES DURING DAY IN RELATION TO THE AGE GROUP OF CASUALTIES:

DESTINATION OF CASUALTIES

	1966	*1967*
Accident Hospital	5,409	5,713
General Hospital	8,204	8,062
Selly Oak Hospital	3,446	3,883
Dudley Road Hospital	3,393	3,948
East Birmingham Hospital	2,210	2,396
Queen Elizabeth Hospital	177	269
Other Hospitals	1,055	1,243
Casualties actually carried in ambulances but not taken to hospital	207	160
TOTAL	24,101	25,674

FATALITIES

	1966	*1967*
Number of persons found dead on arrival of ambulances	433	401

METHOD OF TRANSMISSION OF CALLS

	1967
G.P.O. "999" system	23,317
Police Information Room	2,451
Exchange telephone	1,615
Private wire telephone	36
Messenger	236
Radio	79
Observed by ambulance crew	412
TOTAL ...	28,146

Ambulance Fleet

This remained as follows:–

Dual-purpose (stretcher) ambulances	74
Sitting case ambulances	30
Sitting case cars	2
Ambulance coach (30-seater)	1
Ambulance coaches (20-seater)	4

Conveyance of Patients by Rail

Wherever possible, long distance cases were conveyed on the ambulance/rail/ambulance basis. Some 423 cases were carried on this basis during the year as compared with 503 the previous year.

Service ambulances were provided at the request of other local health authorities to meet trains at City railway stations and transport some 445 patients either to final destinations or to other railway stations to continue journeys.

Organisational Changes

There have been no alterations to the basic organisation of the Ambulance Service during the year. In response to a suggestion by the Birmingham Accident Hospital, an emergency ambulance has been stationed at that hospital for a trial period to respond to emergency calls. A doctor, when available, accompanies the ambulance crew to assess the possibilities of improving the emergency care of patients before reaching hospital.

In view of the need to exercise as much economy as possible in operating the Ambulance Service, a scheme of advance planning of ambulance loads has been introduced and the results have shown considerable saving in time and mileage. Hospitals have been asked to co-operate in this scheme by submitting their requests for ambulance transport for clinic cases at least thirty-six hours in advance.

Mutual Assistance

Some 63,684 patients were conveyed on over-the-border journeys during the year, either outwards from the City or inwards to the City, in pursuance of a policy of the utmost co-operation with neighbouring authorities to secure economy in the use of ambulances.

Maternity Cases

A further decrease occurred in the number of maternity cases conveyed from home addresses to various maternity hospitals during the year, the total being 8,202 as against 8,432 the previous year.

There were 110 calls for ambulances for the Emergency Maternity Service operated by Loveday Street Maternity Hospital, the same number as in the previous year. Some 55,143 cases were conveyed to and from Marston Green Maternity Hospital by ambulance coach for out-patient treatment. This represents an increase of 916 on the figure for 54,227 for the previous year.

Mileage

The following table shows the distribution of mileage among the sections of the Service over the past five years:–

	1963	*1964*	*1965*	*1966*	*1967*
Hospital removal ambulances	1,675,362	1,718,930	1,665,998	1,553,945	1,684,443
Accident ambulances ...	122,029	134,122	145,405	149,382	164,738
	1,797,391	1,853,052	1,811,403	1,703,327	1,849,181

Hospital Removal and Outposted Ambulances

The following table shows the average miles per patient carried over the last five years:–

Year	Cases Carried Monthly Average	Mileage Monthly Average	Miles per Patient Average
1963	31,487	139,614	4·43
1964	33,055	143,244	4·33
1965	35,983	138,833	3·86
1966	31,903	129,495	4·05
1967	37,364	140,370	3·75

Staff

Details of the establishment and strength of the Ambulance Service at the end of 1967 are as follows:–

		Strength at 31.12.67		
Operational and Depot Staff	*Establishment*	*Men*	*Women*	*Total*
Ambulance Officer	1	1	—	1
Deputy Ambulance Officer and Hospital Liaison Officer ...	1	1	—	1
Ambulance Depot Superintendents ...	2	2	—	2
Ambulance Training Officer	1	1	—	1
Section Officers... ...	10	10	—	10
Clerks	6	1	5	6
Storekeeper	1	1	—	1
Depot Drivers	3	2	—	2
Depot Assistants ...	3	3	—	3
Ambulance Cleaners ...	13	7	—	7
Cooks and Cleaners ...	3 full-time	—	3	3
	3 part-time	—	4	4
Leading Drivers ...	22	20	—	20
Drivers and Attendants	254	227	13	240
Ambulance Control				
Control Duty Officer ...	1	1	—	1
Section Officers... ...	6	6	—	6
Senior Leading Control Operative	1	—	1	1
Leading Control Operative	3	—	3	3
Control Operatives ...	32	3	29*	32*

* includes 4 part-time

Bed Bureau

There was a decrease in the number of requests placed with the Emergency Bed Bureau operated by the Ambulance Service on behalf of the Birmingham Regional Hospital Board. 14,448 requests were received from general practitioners, etc., beds being obtained in 13,827 of these cases.

The figures for the previous year were 15,223 requests, beds being obtained in 14,611 cases.

Voluntary Service

Hospital Car Service

Substantial assistance was again given by the British Red Cross Hospital Car Service as is illustrated by the following table:–

	1966	*1967*
Patients	33,101	39,494
Mileage	255,130	315,891

St. John Ambulance Brigade

Continued valuable assistance was given by the St. John Ambulance Brigade in providing ambulance crews for additional cover at certain periods, whilst the Service is again indebted to those voluntary members of the St. John Ambulance Brigade, the British Red Cross Society and the Women's Voluntary Services, who acted as escorts for patients conveyed by rail.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

(Section 28 – National Health Service Act, 1946)

CARE OF THE AGED

Co-ordination of all the available resources which can be called upon to maintain a sick, elderly person in his or her home environment and close co-operation with both statutory and voluntary organisations in this field have continued to be salient features of the geriatric health visitor's work during 1967. The greater emphasis being placed on community care and early hospital discharge has made the task of full domiciliary support for the sick elderly increasingly difficult. However, it has usually been found possible to arrange some measure of support, either from a statutory or voluntary source, but the shortage of personnel has meant that this support has not been as comprehensive as desirable.

Re-organisation of Section to Sector Areas

During the month of August the staff of the geriatric section were regrouped into six teams with offices at six maternity and child welfare centres. Each team serves two sectors and the two sectors form a combined area. The boundaries of the combined areas are co-terminous with those of the Welfare Department, Children's Department and the mental welfare section of the Public Health Department. It is hoped as the general plan of sectorisation is implemented, geriatric health visitors, social welfare officers, district home help organisers and mental welfare officers will be housed under the one roof where possible, thus effecting easier liaison and creating a team for the welfare of the aged.

The areas of the City now served by some or all of the social and welfare services for the aged are as follows:–

Areas	*Personnel and Accommodation*
Combined Area North-East	Nechells Green Health Centre: geriatric health visitors, home help organiser, mental welfare officer, social welfare officer – sessionally, health visitors, general practitioners.
Combined Area East	Lea Hall Welfare Centre: geriatric health visitors, home help organiser, social welfare officer, health visitors.
Combined Area South-East	Yardley Wood Welfare Centre: geriatric health visitors, home help organiser, health visitors.
Combined Area South-West	Selly Oak Welfare Centre: geriatric health visitors, home help organiser, health visitors.

Combined Area West	Ladywood Middleway Health Centre: geriatric health visitors, home help organiser, mental welfare officers, health visitors, general practitioners.
Combined Area North-West	Carnegie Health Centre: geriatric health visitors, home help organiser, mental welfare officers, health visitors, general practitioners.

At the close of 1967, following the re-organisation of the areas, it was necessary to analyse the case-load in the sections, particularly as the trend now is to transfer to other Local Authority services as many patients as possible for regular follow up so that the geriatric health visitors' special skills may be used to the best advantage. An analysis of those persons who needed the special skill and surveillance of the geriatric health visiting staff in 1967, was as follows:

	1966	*1967*
Females	3,178	3,845
Males	1,782	1,432
Living alone	2,719	2,610
Living with one other old person	1,372	1,752
Living with relatives or friends	869	915
Requiring very intensive visiting	792	523
Mentally disturbed	482	407

In 1966 53 per cent. of cases visited were over the age of 75 years and in 1967 51 per cent. were over the age of 75 years and 20 per cent. over the age of 85 years. The close liaison between the geriatric health visiting service and the hospitals has been maintained, especially with the medical social workers.

Geriatric Preventative Clinics

No clinic of this type has been set up by this Local Health Authority as it is felt that this venture would do little towards the integration of the general practitioners and Local Health Authority services and it could eventually lead to the setting up of a large separate and district organisation, such as the maternity and child welfare services were formerly. However, the general practitioners have been advised that as much ancillary help as possible will be given to them in setting up their clinics of this type, either at their own or Local Authority premises. In 1967 there were three geriatric preventative clinics at general practitioners' surgeries, one helped by a geriatric health visitor, another by a health visitor and the third by a district nurse. An analysis of a quarter's work at one of these clinics shows that 144 aged people over 65 years were seen. Of these, 11 had a haemoglobin below 70 per cent., 52 had a defect in hearing (majority with wax in external meatus), 24 had an eye defect, 37 had physical defects (majority minor) and 13 had various social needs.

A further two clinics will be opened and run by general practitioners and Local Authority staff during 1968.

Liaison with Voluntary Organisations

This close and much valued liaison has continued during the year. The Birmingham Council for Old People now has 16 day centres and one all-day club with a further one to be opened in 1968. The meals on wheels service run by the Women's Royal Voluntary Service, the Birmingham Council for Old People and the Birmingham Council of Social Service, delivered 107,434 meals – an increase of 16,856 over 1966. The Birmingham Council of Social Service Visiting Service now visits regularly some 4,338 lonely old people, a number of whom are referred from the geriatric health visiting section. The section continues to be represented on a number of voluntary committees concerned with the aged and in particular the committees of two nursing homes.

Register of Old People at Risk

This register was set up by the Welfare Department in 1966 and has proved invaluable for providing background information concerning new referrals during the year and has helped to prevent duplication in visiting. A system has been formulated whereby "new cases" and "cases ceased" are notified to the register each week by geriatric health visitors, district nurses, home help organisers, mental welfare officers and social welfare officers. Then on enquiry, a social worker dealing with what is to him a new case knows what services, either voluntary or statutory, have been introduced or whether the person is already known. This information, including that of deaths, change of address, etc. is most useful. From the commencement of the register in 1966, 4,189 referrals have been made by the Health Department.

Training

An intensive in-service training course was held for district nurses seconded to the section and invitations were extended to and accepted by neighbouring local authority staff. During the year 136 students accompanied members of the section to gain experience.

Bacchus Road Bathing Station

This station, run by the Public Health Department, has continued to provide bathing facilities for elderly people and a new special geriatric bath has been installed. One hundred and sixteen elderly people attended who had a total of 1,358 baths. This is a decrease on last year due to transport difficulties.

A Considerable Problem

The problem of recognising and meeting the needs of the sick, frail-elderly is a rapidly growing one and with present resources is not contained. The utmost co-operation between voluntary and statutory organisations is needed to ensure that the very limited resources are utilised to the best advantage of the people they serve. Elsewhere in the chapter "Home Help Service" it is quoted that the "problem of the elderly is the single biggest problem that western civilisation has to meet". This point cannot be over emphasised.

Statistics

		1965	*1966*	*1967*
1.	Cases on visiting list on 1st January ...	5,287	6,759	4,960*
	New cases added during the year ...	2,332	2,586	3,061
	Cases remaining on visiting list at the 31st December	7,767	6,759	5,277*
	Cases ceased visiting on death, admission to hospital, etc.	1,274	1,519	1,019
	Cases referred to Welfare Department...	154	381	833
	Total visits paid by section	9,359	13,580	19,286
	Total visits paid by health visitors (field)	3,649	4,707	4,605
	Consultations with health visitors (field)	11,435	19,730	15,212

*A change in statistical annotation. The figures now given refer to those people under active surveillance and not, as in previous years, when they included people transferred for surveillance to Welfare Department, etc.

2. ANALYSIS OF NEW CASES DURING 1967 TOTAL – 3,061

		Number	%
SEX	Male	948	30·97
	Female	2,113	69·03
AGE (YEARS)	60 – 65	298	9·73
	65 – 74	1,038	33·91
	75 – 84	1,342	56·36
	85+	383	
CIVIL STATE	Married	1,116	36·45
	Widowed	1,587	51·84
	Single	336	10·97
	Apart	21	0·74
	Not known	1	
HOUSEHOLD CIRCUMSTANCES	Living alone	1,233	40·28
	Living with relatives ...	671	21·92
	Living with spouse ...	1,073	35·05
	Living in lodgings ...	84	2·75

3. *Bacchus Road Bathing Service.*

FEMALE:	No. from 1966	50	
	New cases	32	82
MALE:	No. from 1966	14	
	New cases	20	34
			TOTAL 116
	No. of baths (female)	967	
	No. of baths (male)	391	
			TOTAL 1,358

Chiropody Services

The number of chiropodists employed on a sessional basis at the end of 1967 was 6, giving twenty sessions per week (1966 figures in brackets).

	Sessions	*Treatments given*	*No. of patients*
Clinics ...	202 (169)	1,186 (946)	515 (481)
Domiciliary ...	685 (476)	3,670 (2,461)	1,455 (1,163)

As well, the Birmingham Council for Old People runs a chiropody service on an agency basis for the Health Department.

Treatments given in patients' homes	4,998 (1,706)
Treatments given in surgeries	8,843 (3,052)

HOSPITAL FOLLOW-UP WORK BY HEALTH VISITORS

Nine health visitors were attached on a sessional basis to six city hospitals. In addition to the cases undertaken for hospital consultants, medico-social workers and ward sisters, these health visitors have been able to pass on information to area health visitors concerning patients undergoing treatment at the various hospitals.

Four health visitors were attached to consultant paediatricians at the Children's Hospital, Dudley Road Hospital, and Selly Oak Hospital. Their visits fell into the following categories:–

Medico-social problems
Mismanagement in the home
Malnutrition
Congenital abnormalities
Asthma follow-up
Chest diseases
Tuberculosis
Surgical conditions
Unexplained bruises – the battered baby syndrome

Two health visitors were attached to the diabetic clinics at the General Hospital and Selly Oak Hospital. They visited new patients receiving insulin therapy and gave advice regarding diet. Elderly diabetic patients presented social problems and antenatal patients were visited when they defaulted in keeping their appointments at the diabetic clinic. Visits were paid to patients who required persuasion before they would agree to be admitted for in-patient care. The health education sessions at the diabetic clinics were well received.

One health visitor was attached to the Orthopaedic Hospital where she paid most of her visits to elderly patients with crippling diseases of bones and joints, younger and middle-aged patients with spinal disc lesions, women who required advice following operations on their feet and a number of the coloured population suffering from tuberculosis of spine and joints.

Queen Elizabeth Hospital had two health visitors attached in a part-time capacity. One health visitor visited patients under retiring age who by reason of their illness or infirmity would experience difficulty in returning to a normal life at home. The majority were suffering from chronic or progressive diseases such as cardiac, arthritic or cerebral disorder; carcinoma or progressive neurological disease.

The second health visitor assisted the Cervical Cytology Research Unit. She visited defaulters from the clinic at the Women's Hospital when the smears were found to be suspicious or positive. Two sessions were spent at the hospital where she was instructed how to take domiciliary smears of patients who were genuinely unable to attend the hospital. An experiment was carried out with Davis kits when six patients who had persistently defaulted were asked to take samples of their own cells, but only one returned specimen was found to be of use.

Statistics

WORK OF THE HOSPITAL FOLLOW-UP VISITORS

Hospitals	*Sessions at hospitals*	*Visiting sessions*	*Individual patients visited*	*Visits to patients' homes, etc.*
Children's	43·5	36	67	109
Dudley Road				
(Paediatric 1.) ...	31	24	45	50
(Paediatric 2.) ...	29	30	76	139
East Birmingham				
(Paediatric)				
(Withdrawn in March)	17	16	48	52
General (Diabetic) ...	40	96	227	402
Queen Elizabeth (1.) ...	84	87	293	467
Queen Elizabeth (Cervical				
Cytology (2.) ...	9	31·5	55	118
Royal Orthopaedic ...	42	96·5	326	392
Selly Oak Paediatric ...	45	79	109	259
Diabetic ...	45·5	44·5	93	114
1967	386	540·5	1,339	2,102
1966	414	630	1,499	2,362

Tuberculosis Visiting

As an extension of the pilot scheme at Treaford Lane clinic where the health visitors included tuberculosis visits in their daily programme, health visitors at Kingstanding, Tower Hill, Oscott School Lane, Blackrock Road, and Kettlehouse clinics undertook tuberculosis visiting in addition to their other duties during the year. A total of 686 visits was paid by the health visitors concerned.

RECUPERATIVE CONVALESCENCE

During 1967, 336 applications for convalescence were dealt with by the Department, compared with 334 in 1966. As in previous years, the majority of applicants were referred by their general practitioners. Women applicants were more than twice as numerous as men. Many enquiries, not included in the above figures, were received without the support of a medical certificate; medical evidence did not materialise and the applications were not recorded.

Of the 336 applicants, 200 were sent to convalescent homes. The Birmingham Hospital Saturday Fund accommodated 158 and 42 were sent to homes more suitable to their individual needs. Of the remaining 136, 39 applications were cancelled, mostly by the patients themselves and some by the Department after applicants failed to respond to any communications, or were found to be eligible to go free of charge under direct contributions to the Birmingham Hospital Saturday Fund. In the latter cases, applicants were instructed to apply to the firms where the contributions were made. After further reference to the general practitioners concerned, 97 applicants were refused as not coming within the Health Committee's terms of reference for recuperative convalescence, (i.e. a recent acute illness or operation, or special circumstances which have caused mental or physical ill health).

The following table gives the ages and sex of patients who took convalescence in 1967.

Age	*0–4*	*5–15*	*16–44*	*45–64*	*65–74*	*75+*	*1967 Total*	*1966 Total*	*1965 Total*
Males ...	–	18	6	9	12	3	48	33	41
Females ...	3	10	20	51	50	18	152	129	129

As in previous years, applications were received from people in the 65 + age group who, although in reasonably good health, had not been able to afford a holiday for many years. Voluntary organisations who arrange spring and autumn holidays for old people at reasonable charges were suggested to such applicants, but in most cases their very limited financial resources precluded them from going any further in the matter. Where people in this age group were acceptable for convalescence, age proved no obstacle to acceptance.

The table below shows, in relation to each medical category, the number who applied for convalescence and the number who were accepted.

	Applied	*Accepted*
Respiratory diseases	70	39
Debility	47	31
Post-operative	57	47
Rheumatism and arthritis	18	7
Mental illness	21	13
Organic nervous disease	4	2
Heart disease	21	12
Gastro-intestinal disorder	13	8
Anaemia	6	1
Accidents	6	5
Hypertension	9	2
Ulcers, peptic	4	1
Tuberculosis	1	1
Arteriosclerosis	2	0
Senility	0	0
Miscellaneous	57	31

HEALTH EDUCATION

The Health Education Organiser who recently retired after many years work in this sphere has contributed the following introduction to this section of the Annual Report.

"Twenty years ago Health Education was a new venture. It was well known that health visitors all over the country were giving health talks and advice on Mother and Child Care, but the idea of having a special section in a Local Health Authority Department, devoted to the organisation of a programme of health education for the general public was new. The City of Birmingham Health Committee, advised by its Medical Officers, was a pioneer in establishing such a section as early as 1947, with full-time officers to plan and carry out lectures, and to organise programmes for schools, young people and adult groups.

"At first the two main problems were to assess the various needs of the community and to find acceptable means of communicating with adult organisations".

"A programme of Health Education was compiled which included parentcraft and family life as an extension to sex education in schools; and a syllabus of talks covering physical, mental and social health, designed to meet the needs of both youth and adult groups. At the same time it was necessary to introduce to the public the various measures of social legislation, particularly the National Health Service Act, 1946, which were then coming into effect.

"There was a growing need for visual aids to make the teaching more effective. Filmstrips were unobtainable for the type of teaching which was being carried out and several were made in the section to overcome this shortage. Flannelgraphs were also produced to help lecturers in their talks to smaller groups.

"The Health Education Section had time, opportunity and some money, also plenty of enthusiasm to develop the service; and were able to discuss and learn from, as well as give information to, the many visitors both from this country and overseas, who were interested in this experiment.

"The Cohen Report on Health Education, which has now been accepted as providing the basis for health education in the future, has clearly drawn very largely on the results of experiments in health education begun in Birmingham and elsewhere twenty years ago, and its recommendations follow closely the pattern which has developed here over the years. One exception stands out. The growth of mass media of communication, with producers willing to include health topics in their programmes, opens up a new field".

1. Health Education for the General Public

(*a*) Cancer Education

The general Cancer Education programme continued during the year, with many requests for lectures from organisations throughout the City.

A series of four lectures entitled the Cancer Story, Cervical Cytology, Breast Self Examination, and Smoking and Health was held by the Health Education Section at nine welfare centres in various parts of the City.

To stimulate interest and increase attendances at cervical cytology clinics, a publicity campaign was carried out by the Health Education Section. Publicity included insertions in the press giving details of cytology clinics held throughout the City, and distribution of over 5,000 leaflets and 100 posters to welfare centres and city libraries, each leaflet having an appointment card and addressed envelope attached. The campaign resulted in a marked increase in the length of the waiting list for these clinics.

A lecture, film and demonstration on breast self-examination, using a dummy, was given in the Health Education Demonstration Room, Trafalgar House, and at cytology clinics at Acocks Green and Northfield, by a senior medical officer and a clinic nurse. It is intended to expand this pilot scheme and introduce it at other cytology clinics and elsewhere in the coming year.

(*b*) Family Planning

Following a series of In-Service Study Days held in the Autumn of 1966 for Health Department staff, a programme of lectures for the general public, illustrated by the film "Family Planning", was arranged by the Health Education Section at 25 welfare centres and on two evenings in Trafalgar House. The lecturers were doctors and nurses from the Family Planning Association.

The Health Education Section, in conjunction with the Family Planning Association, arranged a publicity campaign to non-English speaking immigrants. Publicity included press insertions in "Asia Weekly" and the distribution of motivation and methods leaflets in Urdu and English at the welfare centres.

(*c*) Mental Health Week, 4th – 7th June, 1967

As a contribution to Mental Health Week, the Health Department held a public conference on "Problems of the Aged". Speakers included a member of the City Council, a consultant psychiatrist and a university lecturer in sociology.

(*d*) Immunisation

The Ministry of Health circulated local authorities requesting support for an Immunisation Publicity Campaign from 27th February to 11th March, 1967. The Ministry arranged for advertisements in the local press on the 24th and 27th February and the 3rd and 4th March, 1967. To supplement this publicity the Health Department arranged for insertions in the local press on the same four dates, giving details of immunisation facilities in Birmingham. Articles were also included in "Asia Weekly". Further publicity was given by the Health Department in arranging the distribution of 3,500 posters and 50,000 leaflets to the following:-

General practitioners	Welfare centres and nurseries
Hospitals	Libraries
Industrial medical officers	Schools

As far as could be judged from attendances at clinics in the weeks following the campaign, publicity of this kind has little effect on the public's acceptance of immunisation.

(*e*) Adult Groups

Representatives of organisations in the City were invited as in previous years to the Health Education Section to encourage their interest in particular topics which the Health Department wished to emphasise. These topics included Cancer Education, Family Planning and Sex Education for Young People. Films and other visual aids on these subjects were shown and their usefulness discussed.

These meetings, held one afternoon and one evening, have been most successful, resulting in a good response from the various organisations.

(*f*) Youth Groups

Six courses of lectures were given to groups participating in the Duke of Edinburgh Award Scheme; the subjects included Home Safety, Home Nursing, Design for Living and Mothercraft.

Lecture courses for the Public Health Badge were arranged for two City Scout groups.

A course of talks on personal relationships and responsibilities was arranged for apprentices of the Dunlop Rubber Company.

(*g*) Asian Immigrants

In conjunction with the Aston Institute of Further Education, the the Health Department conducted an experimental course in Health Education for non-English speaking immigrants at Lansdowne Street Welfare Centre. Weekly classes are conducted by an Asian teacher, who is given guidance in the content of the syllabus by the health visitors of the Centre and by the Health Education Organisers. The course commenced 23rd August, 1967, and has proved successful, with a regular attendance of thirty women.

It is intended to extend this scheme, with the co-operation of Institutes of Further Education, to other Welfare Centres in areas where there is a concentration of immigrants.

(*h*) Anti–Smoking Clinic

A successful Five Day Plan Anti-Smoking Clinic, in conjunction with the Seventh Day Adventist Education Service, was held from Monday, 6th to Friday, 10th March, 1967 in the Public Health Department.

To evaluate the measure of success, questionnaires were issued to the 79 participants. Questionnaires were returned by 48 people, of whom 42 had given up smoking by the close of the final session.

A re-union was held two months later, when the 79 people participating were invited to attend. Forty people attended all of whom had found the clinic valuable in helping them to give up smoking or considerably reduce the amount smoked.

(*i*) Winson Green Prison

Health Education lectures continued weekly throughout the year. Subjects included personal and community hygiene, dangers of smoking, venereal disease, and responsibilities and relationships.

The number of talks given to the general public was 674. (Adult – 513 and Youth – 161).

2. Health Education in Schools

This year the number of talks given in schools has increased markedly, from 3,733 to 4,731. There is increasing demand from schools for talks on subjects relating to health. These topics are figuring more prominently in school curricula and are in some cases examination subjects.

The Environmental Hygiene course held in the Health Education Demonstration Room with observation visits, was again well attended by the three grammar schools participating.

Special short courses on mothercraft were given to two senior schools and a course on safety and hygiene to Bournville College of Further Education.

Discussions and lectures were again arranged for student teachers from Westhill and City of Birmingham Colleges of Education.

The Health Education Section was invited to participate in a Teachers' Course on Sex Education in Schools, based on the recommendation of the Birmingham Education Committee Report and arranged by the Education Department. The programme included discussions and lectures by medical officers and talks and demonstrations by public health staff.

3. Health Education for Professional Groups

(*a*) Student Nurses

Lectures and discussions, undertaken by public health staff, were arranged for students at the various hospitals in the City. Subjects included environmental, personal and mental health services.

(*b*) Public Health Inspectors

Twenty four students attended the course of six lectures on Health Education, held in the Health Education Lecture Room.

(*c*) Third Year Psychiatric Nurses

Twenty five students from All Saints, Rubery, Hollymoor, Highcroft Hall and Barnsley Hall hospitals, attended the course on Community Care including visits of observation, arranged by the Health Education Section.

At the request of the hospital tutors, it is intended to arrange for the course to be held twice or three times in the year, depending on the number of students.

(*d*) In Service Study

(*i*) *Exercises for the Elderly*

This was a study day for voluntary workers, held in the Health Education Lecture Room.

(*ii*) *A District Nurses Course*

A programme was arranged which included talks by experienced speakers covering social aspects of the problem of the elderly.

There is close liaison between the Health Education Section and members of organisations and other departments in the City such as:–

Children's Department
Education Department
Birmingham Retirement Council
Society for Mentally Handicapped Children
Birmingham Council for Social Service
Birmingham Council for Old People
Midland Federation of Home Safety Committees
Ambulance Service personnel
Family Planning Association

who make extensive use of the facilities of the Section for lectures and courses.

4. Exhibitions

Exhibitions were produced and mounted at the following sites:-

(*a*) Council House Extension – February, 1967 and August, 1967.

(i) The exhibition in February included the "Public Health Services", "Anti-Smoking" and "Cancer Education".

(ii) During August the exhibition included "Water Safety", "Poisons" and "Burns".

(*b*) Bingley Hall Boys and Girls Exhibition – 18th – 25th March, 1967.

An exhibition was mounted at Bingley Hall in conjunction with the Dental Health Section. The Health Education exhibition included "Anti-Smoking" and "Baby Care" which latter dealt with safe toys, prams and cots. Demonstrations on baby bathing were given by public health staff.

The dental exhibition had on display various items of dental surgery equipment which included facilities for preparing cavities in plastic teeth. Within limits children were encouraged to accustom themselves to the equipment and many hundreds were, in fact given 'rides' in the dental chair. They were also allowed, under close supervision, themselves to prepare cavities in plastic teeth and see them filled with dental amalgam.

This close involvement in dentistry proved to be a very great attraction, many children returning to the stand time and time again. From the point of view of overcoming the apprehension so common with dentistry and dental equipment this display appeared to be highly successful.

(*c*) Tile Cross Church Hall – Garden Fete

Panels and display boards on Home Safety were arranged and loaned to the church group from the 24th to 27th June, 1967.

(*d*) Bull Ring Centre Court – Home Safety Exhibition

As a contribution to the Ro.S.P.A. Golden Jubilee "Stop Accidents" Year, 1967, a Home Safety Exhibition was held in the Bull Ring Centre Court from 3rd to 8th July, 1967. The exhibition included display panels and other exhibits dealing with the various aspects of home, garden and holiday safety. Films were shown and demonstrations of the expired air method of resuscitation were given. Pupils from two secondary modern schools gave water safety demonstrations. The Birmingham Branch of the Pharmaceutical Society of Great Britain mounted their "Medicines with Care" Exhibition and showed appropriate films on an adjoining site.

The opening ceremony was performed by the Lord Mayor. It was estimated that 200,000 people visited the Bull Ring Centre during that week.

(*e*) An exhibition on "Medicines with Care" and "Poisoning" was mounted at the Children's Hospital from 25th October to 1st November, 1967 and the Queen Elizabeth Hospital from the 17th to 18th November, 1967.

5. Publicity

Posters and leaflets were distributed to welfare centres, nurseries and school clinics covering such topics as home safety, anti-smoking, care of the feet, maternity and child welfare and cancer.

6. Film and Film Strip previews

Twelve film previews were held during the year for senior members and section heads of the Department, to allow selection of suitable material. Members of other Corporation Departments attended previews when appropriate.

7. Student Projects

Over seventy students from schools, hospitals, colleges and universities have requested reports, information, advice, posters and leaflets on most aspects of health education in connection with projects forming part of their courses of study.

PRIORITY IN REHOUSING ON MEDICAL GROUNDS

As the following table shows, the statistics for 1967 follow a similar pattern to those for 1966 when 6,728 recommendations were made to the Housing Management Department.

APPLICATION ON GROUNDS OTHER THAN TUBERCULOSIS

	Points awarded				*Immediate rehousing recommended*	*Total applications*	*Percentage of total*
	Nil	10	20	30			
Psychological disorders	460	587	234	124	12	1,417	22·4
Neurological disorders including fits	84	76	64	73	8	305	4·8
Chest disorders	504	850	329	166	11	1,860	29·4
Wounds	3	—	—	2	1	6	0·1
Blindness	34	25	23	19	2	103	1·6
Rheumatism and Arthritis	115	187	170	132	11	615	9·7
Other orthopaedic disorders	59	59	44	44	9	215	3·4
Cardiovascular disorders	95	183	291	246	22	837	13·2
Other physical defects ..	63	60	63	54	4	244	3·9
Gastro - intestinal disorders	49	34	23	14	2	122	1·9
Genito-urinary disorders	47	34	13	17	1	112	1·8
General debility, *i.e.* Disorders not otherwise classified	215	146	84	40	2	487	7·7
Totals	1,728	2,241	1,338	931	85	6,323	99·9

In an additional 48 cases no medical condition was found and the Housing Management Department was informed accordingly.

The figures given do not include recommendations made from the Chest Clinic in cases of tuberculosis, which are recorded elsewhere in the report; nor do they take account of the very many investigations made within the Department but which do not lead to any recommendation to the Housing Management Department.

During the year the Housing Management Committee agreed to a new approach to the problem of applicants who for medical reasons are in urgent need of a municipal tenancy irrespective of their position on the

waiting list. It was decided that, instead of separate quotas for tuberculosis and for general medical cases a single special medical quota should be created and that up to 200 tenancies a year should be made available in this way. It is anticipated that, as a result of this decision, some 140 tenancies will be available if required for general medical cases after making provision for the needs of applicants with tuberculosis. This represents a considerable improvement on the position in previous years when only 30 tenancies have been available for general medical cases of an urgent nature.

HOME HELP SERVICE

(Section 29 – National Health Service Act, 1946)

In the opening paragraph on this section of the 1963 Annual Report it was stated that 70 per cent. of the capacity of the Home Help Service was devoted to the 65+ age group; in 1967 that percentage had increased to 81. Percentages or figures give little indication of work involved with particular cases. A person aged seventy or thereabouts who is moderately infirm may need a few hours per week of help, by the age of seventy five he may need visits of longer duration, may need meals cooked and his shopping and pension collected. His isolation in the community grows and he needs to talk, to grumble and to reminisce. One of the few persons he sees is the home help and she becomes his confidant and often his support. However, all this is time consuming for the home help who has other cases to attend. There is a volume of good-will in this service, however, as some of the home helps return at night, unpaid, to attend to their patients' creature comforts, take home their washing and invite them to their homes to spend a day in company.

Although advances have been made, the problems of the aged are far from being solved either on the domiciliary or hospital scene. The help provided in their homes is not, as yet, sufficient and geriatric beds are still too few. Many of the aged, ill in their homes, need hospital accommodation and therapy but it is equally true that many of those in hospital, fit for discharge to their relatives, remain there because the relatives, for one reason or another, are unable to accommodate them. Again all blame cannot be placed on the local authority or hospital services; if the community does not accept a greater share of the social work of supporting the aged by voluntary effort then the community must accept responsibility by greater financial support through direct or indirect taxation. There is no escape in this dilemma of an increasing problem. Some years ago a physician warned a geriatric conference under the auspices of the World Health Organisation, that the difficulties and problems of the aged were increasing and were to some extent cumulative; that it was the biggest single social problem that western civilisation had yet to meet; and that general behaviour towards it was ostrich-like in the extreme in that the hope was, that if the problem were ignored, it would disappear.

The following table gives some of the statistics for 1967 compared with 1966. The number of applications for help remained somewhat the same but the increasing annual carry-over of cases has meant that an average of 504 more cases per month have been attended to. However, the number of home helps employed has not been increased proportionately so that each home help has an average of 7·6 cases to attend to as compared with 6·8 in the previous year. To achieve this end a considerable redistribution in work has had to be made and a reduction in hours to some cases was inevitable. This increase in work has not gone unnoticed by

	Equivalent full time home helps		*Total Number of cases attended*		*Total number of applications*		*Number on waiting list*	
	1967	*1966*	*1967*	*1966*	*1967*	*1966*	*1967*	*1966*
January	556	517	4138	3667	237	249	427	465
February	568	532	4162	3668	285	248	330	389
March	584	543	4249	3802	286	280	292	313
April	585	571	4283	3737	215	216	204	350
May	599	580	4384	3806	269	241	317	377
June	604	579	4431	3895	303	235	350	375
July	583	561	4337	3844	227	200	389	370
August	578	574	4358	3840	213	217	456	395
September ...	569	565	4469	3926	223	295	515	366
October	567	572	4461	3953	246	258	521	348
November	567	572	4541	3990	263	288	523	312
December	566	583	4580	4217	193	247	416	465
Monthly Average	577	563	4366	3862	247	248	395	377

Average No. of cases in attendance per home help

1964 — 6·8 *1965* — 6·8 *1966* — 6·9 *1967* — 7·6

Further statistics show the growing demands on the service:–

	No. of families assisted	*No. of incapacitated persons in household*	*Average no. of home helps*	*Average no. of cases attended per home help*
1959	4,662	5,843		
1960	4,835	5,814		
1961	5,096	6,269		
1962	5,036	6,175		
1963	5,361	6,517		
1964	5,685	6,821	507	6·8
1965	5,658	7,005	533	6·8
1966	6,039	7,579	563	6·9
1967	6,573	9,611	577	7·6

the home helps and has led to protests. As expected, the number of maternity cases helped has been reduced by 70 compared with the previous year.

Sectorisation of City

Since the introduction of the sectorisation plan, the administration of the service runs more smoothly and the organisers accept greater responsibility for their sectors. There remains, however, disparity in the distribution of their work. Some sectors have twice as many cases as others and to alleviate these discrepancies it was necessary to engage two assistant district home help organisers for the overloaded sectors. From the experience gained in the first year a more successful service is provided

in areas where the organisers have an approximate case load of 300 with a staff of seventy home helps who are, in the main, working on a part-time basis. In these circumstances the organiser is in a position to give adequate supervision by visiting, which is the keynote of the success of the service. It is gratifying to note that the supervisory visits have increased from 11,248 in 1966 to 15,550 in 1967. The workers most associated with the care of the aged are the social welfare officer, the geriatric health visitor, the home help organiser, district nurse and, to an increasing extent, the mental welfare officer. The Lea Hall Welfare Centre, recently modified into a social services bureau, now houses a geriatric health visitor, a home help organiser and a Welfare Department division. Although the office accommodation is not entirely adequate, nevertheless the degree of co-operation and liaison between the key workers achieved is much greater than could have been effected in any other way and had led to a co-ordination of effort and visiting.

Staff

Changes of staff have been constant throughout the year, 233 home helps were appointed and 231 resigned.

Left within one year	99
Left within one year to five years	71
Left within five years to ten years	37
Number of home helps who retired	9
Number of home helps deceased	3
Left at other periods not included above	12

There have been no difficulties in recruitment and a waiting list for posts was maintained. The number of home helps at all times during the year was to the financial ceiling permitted.

Mental Health Service – Secondment of Home Helps

The seven seconded home helps attended 60 households involving the care of 359 children. Home helps in this branch of the service are encouraged to take part in the rehabilitation of patients discharged from hospital.

Training of Home Helps

Four training courses were held during the year on a day release basis covering ten weeks. The new College of Food and Domestic Arts has extended the curriculum and offered a further four places per course. Instruction covers cookery and home crafts. Various lectures are given by members of the Public Health Department on such subjects as "Care of the Aged", etc. The courses are enjoyed and found helpful. In addition, two study evenings each were held for the maternity home helps and the night attendants.

Night Watcher Service

Two hundred and fifty seven households were attended covering the care of 268 patients as compared with 232 and 237 respectively in 1966.

Previously referrals were by general practitioners and by relatives, but with sectorisation the majority came from geriatric health visitors, welfare officers, district nurses and hospitals. Night help can be offered and is nearly always immediate, thus preventing hospital admission or undue stress, especially on an aged relative or spouse.

Night Attendant Scheme

The purpose of this scheme instituted three years ago is to provide a watcher cum night help for the district nurse on night duty. The three night attendants work on a rota and are on call Monday to Friday from 2200 hours to 0600 hours and at the weekends from 1300 hours on Saturday until 0600 hours on Monday. Each is provided with a telephone and is summoned by the night nurse when needed. A taxi is provided to take her to her case. During the year eighteen requests were received.

Statistics

HOME HELP SERVICE

Number of Home Helps at the end of the year	*1967*	*1966*
Full time	46	50
31 hours to full time	136	136
10 hours to 30 hours	737	735
Under 10 hours	6	1
	925	922

	Number of families assisted during the year		*Families*	*Incapacitated persons in households*
1.	Maternity		345	1336†
2.	Illness of housewife:—			
	(*a*) Diseases of circulatory system ...	Over 65 ...	597	653
		Under 65	96	107
	(*b*) Cancer	Over 65 ...	120	138
		Under 65	44	63
	(*c*) Vascular disease of central nervous system	Over 65 ...	307	347
		Under 65	122	133
	(*d*) Diseases of respiratory system (other than tuberculosis)	Over 65 ...	262	286
		Under 65	34	47
	(*e*) Respiratory tuberculosis		4	4
	(*f*) Other illnesses		445	828
3.	Aged persons — (65+ not included above)		4,074	4,959
4.	"B" cases — (potential problem families)		64	*325
5.	"B" cases (problem families dealt with by Psychiatric Social Service)		59	*385
			6,573	9,611

†Number of people cared for in household.
*Number of children in need of care and help.

Visits paid by organisers	*1967*	*1966*
Maternity cases	201	357
Ill housewives	1,746	1,666
Old persons	13,432	9,034
Potential problem families	171	191
	15,550	11,248

NIGHT WATCHER SERVICE

Number of Night Watchers at the end of the year 45

Cases dealt with		*Number of incapacitated persons in each household*	*Number of families assisted*
Diseases of—			
(*a*) Circulatory system	Over 65 ...	2	2
	Under 65	—	—
(*b*) Cancer	Over 65 ...	14	14
	Under 65...	2	2
(*c*) Vascular disease of central nervous system	Over 65 ...	—	—
	Under 65	1	1
(*d*) Diseases of respiratory system ...	Over 65 ...	—	—
	Under 65	—	—
(*e*) Respiratory tuberculosis		—	—
(*f*) Other illnesses		13	13
(*g*) Aged persons (65 years and over not included above)		236	225
		268	257

Visits paid by organisers

By day	313
By night	115
	428

MENTAL HEALTH

(SECTION 28 – NATIONAL HEALTH SERVICE ACT, 1946: MENTAL HEALTH ACT, 1959)

Community Care – General

In accordance with the National Health Service Act, 1946, and the Mental Health Act, 1959, a community care service is provided for the mentally disordered, with a staff of Mental Welfare Officers undertaking the full range of duties under these Acts. They work in teams each under the leadership of a divisional mental welfare officer, undertaking social work within one of six areas into which the City is divided for social work purposes and liaise with the hospital service, there being 5 psychiatric hospitals plus one for sub-normal patients.

Table I below summarises the work undertaken by the Mental Welfare Section during the year, corresponding figures for 1966 being given in brackets.

TABLE I

Patients admitted under Section 29 Mental Health Act ...	439	(498)
,, ,, ,, Section 25 ,, ,, ,, ...	475	(361)
,, ,, ,, Section 26 ,, ,, ,, ...	88	(104)
,, ,, ,, Section 60 ,, ,, ,, ...	50	(57)
,, ,, ,, Section 61 ,, ,, ,, ...	—	(1)
,, ,, ,, Section 65 ,, ,, ,, ...	3	(1)
,, ,, ,, Section 136 ,, ,, ,, ...	1	(2)
Patients admitted informally by mental welfare officers ...	400	(328)
Patients admitted informally direct to hospital	3,853	(4,000)
After-care visits	9,280	(11,983)
Pre-care visits	18,769	(19,637)
Patients taken for out-patient treatment	432	(615)
Social histories	194	(219)
Housing enquiries	189	(249)

(Some individual patients appear in more than one of the above groups).

From the figures it will be observed that there was a considerable diminution in the number of community visits made in 1967. This is attributed to staff changes and the comparatively large number on leave of absence for training purposes.

TABLE II

NUMBER OF PERSONS REFERRED TO LOCAL HEALTH AUTHORITY DURING YEAR ENDED 31st DECEMBER, 1967.

Referred by	*Mentally ill*				*Psychopathic*				*Subnormal*				*Severely subnormal*				*Total*
	Under age 16		*16 and over*		*Under age 16*		*16 and over*		*Under age 16*		*16 and over*		*Under age 16*		*16 and over*		
	M. (*1*)	F. (*2*)	M. (*3*)	F. (*4*)	M. (*5*)	F. (*6*)	M. (*7*)	F. (*8*)	M. (9)	F. (*10*)	M. (*11*)	F. (*12*)	M. (*13*)	F. (*14*)	M. (*15*)	F. (*16*)	(*17*)
(*a*) General practitioners	5		252	399							5	5		1	2		669
(*b*) Hospitals, on discharge from in-patient treatment	1		200	209							4	7			1		422
(*c*) Hospitals, after or during out-patient or day treatment			30	44							2		9	5			90
(*d*) Local education authorities	6	5											34	29			74
(*e*) Police and courts			187	100							14	1					302
(*f*) Other sources	58	52	161	211					7	2	15	17	160	95	2	7	787
(*g*) Total	70	57	830	963					7	2	40	30	203	130	5	7	2,344

TABLE III

NUMBER OF PATIENTS AWAITING ENTRY TO HOSPITAL, ADMITTED FOR TEMPORARY RESIDENTIAL CARE OR ADMITTED TO GUARDIANSHIP DURING 1967

	Severely sub-normal				*Total*
	Under age 16		*16 and over*		
	M.	F.	M.	F.	
1. Number of persons in L.H.A. area on waiting list for admission to hospital at end of year					
(*a*) In urgent need of hospital care ...	24	18	—	—	42
(*b*) Not in urgent need of hospital care ...	13	13	—	—	26
(*c*) Total	37	31	—	—	68
2. Number of admissions for temporary residential care (*e.g.* to relieve the family)					
(*a*) to N.H.S. hospitals	41	19	7	14	81
(*b*) To L.A. residential accommodation ...	44	6	23	7	80
(*c*) Elsewhere	—	—	—	—	—
(*d*) Total	85	25	30	21	161

None of those awaiting admission was in the category "mentally ill", "elderly mentally infirm", "psychopathic" or "subnormal".

TABLE IV

NUMBER OF PERSONS UNDER LOCAL HEALTH AUTHORITY CARE AT 31st DECEMBER, 1967.

	Mentally ill				*Elderly mentally infirm*		*Psychopathic*				*Subnormal*				*Severely sub-normal*				*Total*
	Under age 16		*16 and over*				*Under age 16*		*16 and over*		*Under age 16*		*16 and over*		*Under age 16*		*16 and over*		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
1. Total number	20	11	213	235						1	59	45	141	113	398	267	409	342	2,254
2. Attending workshops/occupation training centres													6	1	177	123	191	153	651
3. Awaiting entry to workshops/ occupation training centres ...													4	3	42	31	27	31	138
4. Receiving home training ...															4	2	2	3	11
5. Awaiting home training ...															2	2	6	7	17
6. Resident in L.A. home/hostel ...			12	12												5			29
7. Awaiting residence in L.A. home/ hostel			2	2															4
8. Resident at L.A. expense in other homes/hostels			6																6
9. Resident at L.A. expense by boarding out in private household																			
10. Attending day hospitals ...			6	12											10	3	15	8	54
11. Receiving home visits and not included in lines 2–10 (*a*) suitable to attend a training centre ...																			
(*b*) others ...	20	11	187	209						1	59	45	131	109	163	101	168	140	1,344

Intensive casework with families with multiple problems continues to be carried out by this service, although to a lesser extent than previously, and in many cases they are supported by special home helps engaged by the Department as having a special aptitude for this type of case.

On the 26th August, seven mothers and twenty-five children, forming some of the case load of problem families, were taken on a week's holiday to Clevedon. They were accompanied by three members of staff together with three home helps. This enabled the case workers to view the families in a different environment and help to bring about a better understanding, in addition to improving the health and enjoyment of the families.

Community Care for the Subnormal

Ascertainment

Screening of children for mental subnormality and other defects is a fundamental duty of the Health Department that is enthusiastically carried out by its nursing and medical members in the Child Welfare and School Health Services.

The early assessment of handicapping conditions continues also to be an important aspect of the Mental Health Service. It is carried out both by medical members of the staff, who have received special training for this purpose, and by consultants from hospitals, liaison between the two services having been established over many years.

The Medical Officer of the Department who is essentially concerned with this work saw 204 children for the first time – of these:–

18 were recommended for permanent hospital care.
7 ,, ,, ,, short term care urgently.
48 ,, ,, ,, either day nursery, nursery school or special play group.
20 ,, referred for investigation by the Consultant.
3 ,, referred for speech therapy.
3 ,, referred for other treatment.

Prediction of educational requirements:–

4 needing junior training centre when seen.
34 expected to need junior training centre later.
24 expected to need E.S.N. school.
4 needing a school for physically handicapped children.
1 needing school for deaf children.

(For many of the children it was too early to decide the best educational provision and for these children follow up has been arranged).

Certain welfare centres hold sessions specially for mentally handicapped young children and there is co-operation with the Birmingham Branch of the National Society for the Mentally Handicapped. A part-time physiotherapist is in attendance. Mothers have the opportunity of discussing their problems among themselves and with the staff, so developing confidence and mental adjustment to their circumstances. The children benefit from one another as members of a play group. For this same reason a limited number of mentally handicapped children are admitted to the day nurseries where they receive the benefit of mixing with normal children. Each child's play is aimed at developing those elements of competence which are retarded.

The majority of the facilities for the training of the mentally subnormal are provided at the special training centres of which there are eight junior and two adult. The former are administered by the Education Committee on behalf of the Health Committee.

(*a*) *Junior Training Centre*

There were no major changes at the Junior Centres in 1967. The Kingstanding Centre, which had been housed for many years in the Birmingham Settlement, moved to better temporary premises in Warren Farm Road in September. The new purpose-built centre in Old Oscott Hill is now being built. Plans were going forward during the year to adapt part of the premises of Hope Street School as a temporary replacement for St. Pauls Centre, now in the Church Hall at St. Pauls Road, Balsall Heath.

As in other years, the centre children were taken on visits to the pantomime, the circus and on day outings during the summer term. "Open Days" were held and a number of meetings for the parents. No official holidays were arranged but the Hobmoor Centre took a few children away to Towcester Youth Hostel for a week.

Several members of staff were seconded for training – the younger 'trainees' for two year courses and the older members with family responsibilities went to the one year course at Bilston.

(*b*) *Adult Training Centres*

Aldridge Road Centre, now established for more than six years, caters for 150 trainees who attend daily from the northern half of the City. Bell Barn Centre, opened in September, 1965 as a purpose-built centre for the adult mentally handicapped, caters for 120 trainees from the southern half of the City.

The aim of the centres is to provide opportunities which assist the development of trainees. This is done through the medium of a balanced

curriculum in which all activities are accorded equal importance. These include social education, physical education, domestic education and industrial activity.

During the year certain businessmen and others have shown practical interest in the welfare of these handicapped persons, and provided facilities for outings, film shows, visits to places of interest and provided equipment.

As part of a community project, the prisoners at H.M. Prison, Winson Green, constructed some excellent pieces of equipment for an obstacle course as an incentive to the physical fitness of the trainees.

TABLE V NUMBERS ATTENDING SPECIAL TRAINING CENTRES

	Under 16		*Over 16*		*Total*
	M	F	M	F	
Junior Special Training Centres					
Erdington	26	16	8	9	59
Fox Hollies	27	18	7	10	62
Hobmoor	17	11	3	4	35
Kingstanding ... ... (Warren Farm School)	19	8	5	3	35
Selly Oak	23	21	5	3	52
St. Paul's	19	14	2	3	38
Stechford	28	19	9	6	62
Wretham Road	18	16	9	2	45
	177	123	48	40	388
Senior Special Training Centres					
Aldridge Road	—	—	85	58	143
Bell Barn	—	—	64	56	120
			149	114	263

During the year four members of staff have become qualified as teachers of the mentally handicapped. It is the intention to second more personnel to courses as the opportunity arises.

PSYCHOLOGICAL REPORTS

Work done by the educational psychologists, largely on behalf of the Children's Department, was as follows:–

Reports for Children's Department	698
Reports for Mental Health Service	3
	701

Hostels

As part of the community care of the mentally disordered,hostel accommodation provides an important supportive service and will be even more extensive in the years to come.

The year under review saw the opening of the first short stay unit for the mentally subnormal and is referred to in greater detail below, together with the other two older hostels.

Chester Road and Middle Park Road hostels, opened in 1960, are continuing to provide useful social support to the residents. Referrals are mostly from hospitals, social workers and the Children's and Probation Departments.

The majority of residents at Chester Road Hostel are in the high grade subnormal category, in the 40 – 50 age group, and have been resident for twelve months or over. Such residents do not make adjustments easily and require intensive support to develop a pattern of life to enable them to take their place in the community. There have been several clients accommodated during the period under review on a short-term basis for reasons of emergency.

At Middle Park Road a somewhat different pattern is presented. The majority of residents have been of the younger age group, who more easily make adjustments and in consequence require less time in such a sheltered environment. Nevertheless, they still require support in the community.

More are being referred by the Children's Department, mostly in consequence of behaviour problems, where foster homes are unable to cope. At the present time there are three teenage girls within this category and whilst in the hostel they are conforming to rules, behaviour problems have been resolved and they are forming new attitudes brought about by the stimulus which the hostel produces.

	CHESTER ROAD HOSTEL		MIDDLE PARK ROAD HOSTEL	
Bed complement	*12*		*12*	
	M	F	M	F
No. accommodated during the year	21	12	14	17
Movement during year				
Discharged to lodging, relatives or residential jobs	11	3	7	10
Returned to hospital	—	4	2	1
Left against advice	3	—	1	—
In residence at 31.12.67 ...	7	5	4	6
	21	12	14	17

Warwick House Short-Stay Unit

The opening of this unit in April, 1967, was the fulfilment of an earnest desire to provide residential care for mentally handicapped children on a short-stay basis. The Health Committee have long been aware of the many difficulties that beset the care of such children, especially in times of illness, family crisis and holiday periods.

The unit has been designed for 20 children, accommodated in three large bedrooms – one for each sex and one for infants – with two twin-bedded rooms and a single-bedded room for those in need of special care, such as the severely disturbed child. The whole layout is sufficiently flexible to permit variations in the above groupings without loss of efficiency.

It is a single-storey unit of brick construction with electric underfloor heating and is situated in the grounds of large double-fronted house in a superior residential area. The house fronting the unit has been converted to permanent accommodation for residential and day staff.

The parents of handicapped shildren have always seen the provision of such a unit as an urgent necessity, and the Health Committee are pleased that, after many difficulties, they have been able to provide them as part of the Mental Health Services in the City, which it is their intention to develop whenever possible and practical.

From the date of opening until the end of 1967, eighty children of the subnormal category have been accommodated at this unit. Negotiations are in hand to make fuller use of the accommodation here, especially in relation to day patients. It is also anticipated that the building may be used as a pioneer venture for deaf/blind children under the supervision of a specialist consultant and a qualified teacher.

Liaison

Reference has already been made to liaison with the hospital service.

The consultant psychiatrists from both Chelmsley and Coleshill Hall hospitals attend monthly at the Nechells Green Health Centre for the purpose of assessment and examination of subnormal children and adults. During the period under review ten children and eight adults attended this clinic.

In addition regular clinics are held at the headquarters of the Mental Health Service in the City Centre by consultant psychiatrists from Monyhull and Lea Castle Hospitals. During the year a total of 77 children and 21 adults were examined.

Attached to the clinic is a speech therapist, whose services continue to be in great demand, and during the year assistance has been given to 60 children as compared with 18 for the previous year.

Six rubella-affected children continue to be conveyed daily to Lea Castle hospital by arrangement with the consultant there, and receive special treatment in the deaf/blind unit under the supervision of a specially qualified teacher.

Transport is also provided by the Health Committee to convey twelve subnormal patients daily to Chelmsley Hospital.

Parent and Child Centre

During the year 127 new cases were referred – an increase of 21·1 per cent. over the previous year (104). 72·6 per cent. of referrals came from Infant Welfare Centres. The next largest group of cases were self-referrals (12 per cent.). Males out-numbered females in the proportion of three to two. This lends some support to the theory that boys are referred to psychiatric clinics more frequently than girls. The trend towards work with whole families continued. Most fathers show themselves willing when invited to participate in discussions about the referred problem. As this is frequently a manifestation of a disturbed family situation, a joint approach is more likely to lead to a general improvement.

In June, 1967, two psychiatrists were appointed for one session a week at the Centre. Dr. David Millard, a Consultant at Rubery Hill Hospital, and Dr. Margaret Davies, a Consultant at Lea Castle Hospital, Kidderminster, now give invaluable support to the staff in the diagnosis and treatment of psychiatric problems. Through Dr. Davies the Centre can now admit directly to the special diagnostic unit at Lea Castle Hospital. In the last six months of the year six children with communication difficulties thus referred, were shown to have unexpected E.E.G. and/or sleep audiogram findings which would not otherwise have been revealed at this early stage. The importance of an early diagnosis in respect of learning and the acquisition of skills can, of course, not be overstressed. Dr. Millard is willing to admit, if necessary, special cases of mothers and babies. This allows for continuity of treatment and contact with the patient as well as the family. Work with relatives during the patient's stay in hospital has been found of utmost value.

Lectures to hospital nurses and talks to groups of mothers continue, and so does student supervision. The staff, because of financial restrictions, remains at two full-time and one part-time psychiatric social workers.

Educational Programme

Fourteen lectures were undertaken by members of staff during the year, on behalf of the Health Education Section.

Students from universities and colleges have been seconded to the Department for practical work within the various sections of the Service.

Six officers were seconded to appropriate courses during the year, either for social workers or for teachers of the mentally handicapped.

ADMINISTRATION

(*a*) Mental Health Sub-Committee of the Health Committee, composed of the Chairman and twelve members of the Health Committee. Meetings are held bi-monthly and additional ones, if required, at the discretion of the Chairman.

(*b*) Number and qualifications of staff employed in the Mental Health Service:–

Responsible to the Medical Officer of Health for the Service, who in turn is responsible to the Mental Health Sub-Committee – Deputy Medical Officer of Health, M.B., Ch.B., D.P.H.

1 Chief Assistant – Certificate of Poor Law Examinations.
1 Deputy Chief Assistant – Certificate in Social Work.
1 Administrative Assistant – Declaration of Recognition of the Council for Training in Social Work.

MENTAL WELFARE SECTION

4 Divisional Mental Welfare Officers – one holding Diploma in Social Science, one the Certificate in Social Work, one the Psychiatric Social Worker qualification, and one R.M.N. and S.R.N.
9 Senior Mental Welfare Officers – one M.A. Degree and Diploma in Social Studies, one B.A. (Geography) Degree and Psychiatric Social Work qualification, two holding Certificate in Social Work, one Declaration of Recognition of the Council for Training in Social Work, one N.A.M.H. Teaching Diploma for the Mentally Handicapped, three R.M.N. and S.R.N.
21 Mental Welfare Officers – one B.Sc.(Soc.), one the Diploma in Social Work, five R.M.N. and S.R.N., eight R.M.N., two R.N.M.D.
4 Trainee Mental Welfare Officers.

Clerical staff – one secretary, one statistical officer, three junior clerks, five shorthand typists.

PARENT AND CHILD CENTRE

1 Senior Social Worker – with Psychiatric Social Work qualification.
1 Social Worker – with Psychiatric Social Work and State registered Nurse qualifications.
1 Social Worker (part-time) – with Psychiatric Social Work qualification.

Clerical staff – one shorthand typist.

Hostels

2 Wardens
1 Assistant Warden/Cook
1 Cook

"Warwick House" Short-stay Unit.

Matron.
1 Deputy Matron – R.M.N. qualification.
2 Nursery Nurses – both holding N.N.E.B. qualification.
3 Nursery Assistants.
1 Nursery Assistant (part-time).

Adult Training Centres, Aldridge Road and Bell Barn.

(Under management of Health Committee).

1 Senior Warden – Teachers' Certificate, M.Col.H.

1 Warden – Teachers' Certificate.

2 Deputy Wardens – one holding Diploma of National Association for Mental Health.

4 Supervisors – three holding Diploma of National Association for Mental Health.

16 Assistant Supervisors – eight holding either Diploma of National Association for Mental Health or recognised trade qualifications.

2 Clerks.

3 Kitchen Attendants (part-time).

2 Caretakers.

Junior Training Centres.

(Under the managenent of Education Committee on behalf of Health Committee).

1 Organiser.

8 Supervisors – seven holding Diploma of National Association for Mental Health, and one Certificate of Recognition.

2 Senior Assistant Supervisors – both holding Diploma of National Association for Mental Health.

22 Assistant Supervisors – eleven holding Diploma of National Association for Mental Health.

6 Trainee Assistant Supervisors.

12 Welfare Assistants.

10 Dinner Attendants (part-time)

1 Home Teacher.

INSPECTION AND REGISTRATION OF NURSING HOMES AND NURSING AGENCIES

(1) Nursing Homes (Public Health Act, 1936)

At the end of 1967 there were 12 nursing homes on the register providing 278 beds.

The total number of visits paid to the nursing homes during the year was 15.

(2) Nursing Agencies (Nurses Agencies Act, 1957)

At the end of 1967 there were 2 agencies operating in the City. One of these was registered in August, 1967. Renewal of licence was granted in both cases at the end of 1967.

MEDICAL SERVICES FOR CHILDREN IN CARE

CHILDREN ACT, 1948

The total number of children in the care of the local authorities in England and Wales on 31st March, 1967, was 69,405 compared with 69,157 on 31st March, 1966. Comparable figures in Birmingham were 2,130 and 2,019 respectively.

The total number of children admitted to the care of the Local Authority during the year ended 31st March, 1967, was 1,728 compared with 1,958 the previous year and 1,975 in 1965.

The number of illegitimate children coming into care during the year ending 31st March, 1967, because their mothers could not provide for them, was 85 compared with 51 in 1966 and 49 in 1965.

CHILDREN IN THE CARE OF THE BIRMINGHAM CHILDREN'S COMMITTEE

	Year Ended		
1. *Mode of Accommodation*	*31.3.66*	*31.3.67*	*31.3.68*
Boarded out...	673	745	798
In lodgings or residential employment	39	43	49
In Children's homes	928	909	882
In voluntary homes	154	198	287
In residential special schools ...	28	27	31
In hostels for working boys and girls	25	29	32
Allowed to remain with parent or guardian under supervision	102	111	125
In other accommodation ...	70	68	73
TOTAL OF ITEM 1 ...	2,019	2,130	2,277
2. *Analysis by age groups of children*			
0 – 2 years	183	176	187
2 – compulsory school age ...	379	376	375
Of compulsory school age ...	1,175	1,289	1,425
Over compulsory school age ...	282	289	290
TOTAL OF ITEM 2 ...	2,019	2,130	2,277

Throughout 1967, routine medical examinations were carried out mostly by general practitioners. From January, 1967, Local Authority school medical officers carried out a proportion of the routine examinations

during school holidays. The routine medical examinations were successfully completed according to this pattern for the whole of 1967. In general, the house mothers were much happier with this arrangement.

General medical services under the National Health Service Act continue to be provided by local general practitioners. In most cases, a single general practitioner provides routine examinations and National Health Service facilities at each home.

The close liaison between hospitals, Public Health and Children's Departments continues to thrive. The problems of securing correct placement for children with severe physical and mental handicaps has taxed the resources of hospitals and the Children's Department. The Medical Superintendent of Nurseries and Deprived Children continues to co-ordinate the medical services between the hospitals, general practitioners, Children's Department and members of the Children's Committee. A large number of routine inspections of the residential establishments has been carried out in accordance with the Home Office recommendations. In general, the establishments closely followed these recommendations.

Deaths

There were three deaths during the year:–

E.W.S. born 15.11.49:– This boy drowned whilst on holiday in Lancashire in July, 1967.

S.Mc.K. born 7.10.66:– This child was admitted to care on the 24th January, 1967. He was placed in a foster home and died there on the 7th February, 1967, from bronchopneumonia.

K.C. born 12.8.66:– This child was admitted to care on 27th September, 1966. He was a mongol child with severe congenital heart disease and sufferent from recurrent chest infections. On the 20th February, 1967, he died in the East Birmingham Hospital from a severe pneumonia.

Investigations of Foster Home Applications

Persons who apply, through the Children's Department, to become foster parents, are investigated as to their medical suitability. Medical reports are obtained from family doctors, and hospitals. A medical recommendation is given to the Children's Department based on these reports.

Adoption of Children

Extensive medical investigations of prospective adopting parents and children to be placed for adoption is carried out before children are placed. The success of the adoption depends on accurate medical and social assessment. The co-operation of general practitioners and hospital consultants is essential in order to obtain medical information and efforts to promote this have been successful.

In accordance with the Adoption Agencies Regulations, 1959, all prospective adopting parents are investigated as to their previous health and antecendents. A recommendation is then made for further consideration to be given to their application. During 1967 there were 92 couples investigated, 77 were recommended as medically fit, 6 were found to have some medical condition which would be detrimental to the placing of a child with them, 7 were deferred for review in six to twelve months time and one couple withdrew their applications and in one case it was recommended that the child should be given B.C.G. vaccination before placing.

In accordance with the Adoption Act, 1958, information is given to the Birmingham Children's Department and adoption societies as to whether the household is known to the health visitor for the area concerned. No special visit is made but the information is obtained from the health visitor's record cards and personal knowledge of the family. In 1967 enquiries were made in 104 cases, 31 were recommended for conconsideration, 70 were not known to the health visitor and 3 were out of the City.

Statistics

(A) Adoption

During 1967 a twice-weekly adoption clinic was held – a total of 74 sessions. All preliminary examinations were conducted at this clinic with the exception of 14 cases examined at a mother and baby home. A total of 206 examinations was carried out. The results of these examinations were as follows:–

(*a*)	*Preliminary Examinations*		57
	Fit for placing	57	
	Unfit for placing	Nil	
(*b*)	*Final Examinations*		149
	Children's Department placings	96	
	Other adoption societies	53	
	Results of final examinations		
	Fit to be adopted	139	
	Adopted, but not ideal	10	
	Family history of slow development ...	1	
	Mother schizophrenic	1	
	Slow development	2	
	Prematurity	1	
	Undergoing investigation for hearing ...	1	
	Family history of asthma	2	
	Eczema	1	
	Family history of fits and mental subnormality...	1	

(B) Referrals to Children's Department

Number of applications for advice, guidance or assistance made to the Department during year ending 31st March, 1967 ...	2,999 (involving 7,436 children)
Number of children accepted into care after investigation	1,584
Number of children committed to care	144
Total admissions to care	1,728

(C) Children in the Residential Establishments of the Children's Committee: Medical Care

1. *Medical examinations carried out during 1967*

Routine medical examinations	1,392
Examinations on admission	1,494
Examinations on discharge	890
Total number of medical examinations	3,776
Phenylketonuria tests	3

2. *Prophylactic vaccinations and immunisations during 1967*

D.P.T. (Diphtheria, Pertussis & Tetanus)	220
Poliomyelitis vaccination	172
Smallpox vaccination	39
B.C.G.	25

3. *Dental inspections and/or treatment during 1967* 602

4. *Admissions to hospital for treatment*

From residential accommodation of Birmingham Children's Committee	102
From other local authorities and voluntary homes ...	10
From being boarded-out	19

The reasons for admission to hospital were as follows:

Psychiatric problems	6	Infections	19
Operations	63	Accidents	18
Miscellaneous ...	25	Tuberculosis ...	Nil

5. *Analysis of illnesses in children in care*

Infectious diseases	192
Ear infections	38
Respiratory infections and disorders	269
Gastro-intestinal disorders	24
Genito-urinary disorders	17
Orthopaedic disorders	27
Nervous disorders incl. psychiatric conditions	18
Fractures	10
Minor injury	108
Other conditions	139

COMPULSORY REMOVAL

During 1967, 11 persons were referred for compulsory removal under the National Assistance Acts; of these, 9 were women and 2 were men. Two patients were admitted to hospital voluntarily; in 6 cases adequate supportive domiciliary services were arranged, and in one case where practical help was refused, supervision was maintained by the geriatric visitor. It was necessary to remove 2 persons compulsorily. One case was removed to hospital and one was removed to a welfare home.

There was a decrease in the number of cases investigated during 1967. This was probably due to a greater understanding of the provisions of the National Assistance Acts on the part of the general practitioners and local authority staff.

There were a number of aged in the City who were at considerable personal risk. These were persons who had refused help but who could not be removed under the provisions of the National Assistance Acts.

A summary of cases dealt with since the introduction of this legislation is given in the following table:–

Year	*No. of cases investigated*	*No. admitted to hospital or home voluntarily*	*No. of cases compulsorily removed*
1949	114	—	3
1950	96	20	—
1951	87	—	—
1952	94	9	3
1953	83	17	4
1954	88	24	6
1955	37	11	—
1956	34	8	—
1957	30	3	5
1958	42	—	2
1959	32	—	3
1960	36	12	—
1961	28	2	2
1962	22	—	2
1963	9	4	3
1964	8	2	6
1965	11	5	1
1966	22	12	2
1967	11	2	2

WELFARE OF BLIND AND PARTIALLY SIGHTED PERSONS

Much of the information that follows has been prepared by Mr. D. Nappy, Chief Welfare Officer, to whom the Department is indebted.

Registers of Blind and Partially Sighted Persons are maintained by the Welfare Department and examinations for admission to these Registers are carried out on behalf of the Welfare Committee by a panel of consultant ophthalmalogists. When so registered these handicapped people are provided with a variety of welfare services, including home visiting, the teaching of Braille or Moon reading systems and handicrafts in their own homes and at Centres in various parts of the City. Social Centres are also established and, when necessary, transport is provided to and from them. A library of Braille and Moon books is maintained by the Welfare Department and, in main, are sent out and exchanged by post. Each year a Garden Party for blind people who are not in employment is held, when approximately 800 blind, guests, and escorts are entertained by the Welfare Committee. For several years this has been held at the grounds and premises of Cadbury Brothers, Bournville.

Persons registered as blind are entitled to free 'bus passes, free radio licences and, where appropriate, increased social security and income tax allowances. Arrangements are made for obtaining these facilities.

In addition to the services provided by the Welfare Committee, the Birmingham Royal Institution for the Blind makes annual grants to enable blind persons to take holidays, for summer outings, Christmas parties, and other miscellaneous assistance. Each year a Handicraft Competition is organised by the Welfare Department, when the prizes are provided by the Institution.

Persons who are deaf as well as blind are given assistance by a Home Teacher of the Blind who specialises in this work, helps with the supply, replacement, and repair when necessary, of hearing aids, escort to hospital, and deals with any other special need. A weekly Social Centre is held for the deaf-blind at which voluntary helpers assist in talking to them by using the manual alphabet. Because of the special difficulties of such persons in taking holidays, a fortnight's holiday has been organised in recent years for a party under the care of Home Teachers and voluntary helpers.

Persons who are able to work in open employment are encouraged to do this, and are helped in finding employment by the Ministry of Labour Blind Persons' Resettlement Officers. Others, who need to work in a sheltered environment, are employed at the Workshops for the Blind, administered by the Welfare Committee, where employment is provided for approximately 200 men and women in a variety of trades, and paid a national minimum wage. Those who are able to work on their own account may enter the Blind Homeworkers' Scheme where again they receive special assistance from the Welfare Department and are paid augmentation in addition to their earnings.

INCIDENCE OF BLINDNESS

Statistics

The total number of registered blind persons has decreased by 8 over the last year.

Year end	*Total Registered Blind*	*Blind Children*	*Blind Men*	*Blind Women*	*Blind over 65 years*
1962	1,707	59	706	942	983
1963	1,694	53	691	950	986
1964	1,660	50	685	925	977
1965	1,659	41	670	948	981
1966	1,678	41	678	959	1,001
1967	1,670	37	671	962	1,008

The Blind Register

Additions to Register 182	*1962*	*1963*	*1964*	*1965*	*1966*	*1967*
Certified blind	144	141	152	172	192	162
Blind Immigrants to Birmingham	23	32	18	20	19	18
Re-included on the register	—	—	1	—	1	2
Deletions from Register 190						
Through death	143	164	159	153	165	156
Left Birmingham	28	21	42	34	22	27
Sight improved	—	1	4	6	6	7

Among those newly certified blind in 1967 were 4 children.

Forms B.D.8. completed on examination, received during 1967 and relating to newly certified blind persons (162) and those blind already registered who moved to reside in Birmingham, (18) fall into the following categories:–

Primary senile cataract and congenital cataract	48
Glaucoma	26
Other congenital and hereditary defects	3
Myopia	1
Ophthalmia neonatorum...	1
Retinitis pigmentosa	2
Trauma	—
Diabetes	7
Other causes (these include senility, cause unknown, arteriosclerosis)	92

31.12.66		*31.12.67*
137	Employed in workshops	132
15	Approved homeworkers	15
178	Workers in sighted industry	179
1,067	Unemployables at home	1,040
233	Unemployables in Regional Board Hospitals and various Homes	263
15	Children at school	10
14	Children in own homes...	15
12	Children in hospitals	12
—	Babies in Sunshine Homes	—
7	Technical pupils in training	4
1,678		1,670

Register of Partially Sighted

There is no statutory definition in the National Assistance Act, 1948, but the Ministry of Health has advised that a person who is not blind within the meaning of the Act, but is, nevertheless, substantially and permanently handicapped by congenitally defective vision or in whose case illness or injury has caused defective vision of a substantial and permanently handicapping character, be regarded as partially sighted.

The numbers on the Register at the end of the year were:–

563 persons : 166 men ; 275 women ; 122 children

Forms B.D.8. received during 1967 and relating to all newly certified partially sighted persons (98) or those registered already who came to reside in Birmingham (6), fell into the following categories:–

Primary senile cataract and congenital cataract	26
Glaucoma	12
Other hereditary and congenital defects	7
Myopia	4
Trauma	—
Diabetes	—
Other causes	55

Blind and Partially Sighted

Forms B.D.8. have been received for newly certified patients in the following age groups:–

Year of receipt	*0—1*	*2—4*	*5—15*	*16—20*	*21—49*	*50—64*	*65 and over*	*Total*
1962	2	2	4	5	16	17	121	167
1963	0	2	15	5	12	29	146	209
1964	2	8	25	3	17	35	236	326
1965	0	10	10	4	19	38	203	284
1966	3	11	14	2	15	39	219	303
1967	1	9	16	4	15	45	170	260

The causes of loss of vision and the treatment recommended were:–

	Cause of Disability			
	Retrolental Fibroplasia	*Cataract*	*Glaucoma*	*Others*
(i) Number of persons registered during the year in respect of which Section "F" of the form B.D.8 recommends:				
(*a*) No treatment ...	—	6	1	21
(*b*) Treatment (medical, surgical or optical) ...	—	50	28	154
(ii) Number of persons at (i) (*b*) above who on follow-up action at the end of year had received treatment	—	30	23	80

The Deaf-Blind

In 1967 there were 45 deaf-blind persons residing as follows:–

	Men	*Women*	*Children*	*Total*
In own home	7	14	2	23
In homes and institutions	1	18	3	22
	8	32	5	45

CEREBRAL PALSY

The Midland Spastic Association, which works closely with the City Welfare Department and School Health Service, has supplied the following information:–

PROVISION MADE FOR 901 SPASTICS IN 1967:-

CHILDREN UNDER 5 YEARS

Attending normal nursery schools	5
Attending Cerebral Palsy Nursery, Carlson House	9
Attending day nursery as a physically handicapped child	2
Attending play groups	3
In hospital	4
At home— out-patient treatment	16
no treatment	21
Total known cerebral palsy patients under 5 years	60
Estimated population under 5 years	99,200

CHILDREN AGED 5 TO 15 YEARS

Attending day schools	
Cerebral Palsy School, Carlson House	33
Schools for physically handicapped	60
Other special schools (deaf school 2, partially sighted 1, E.S.N. school 11)	14
Normal schools	69
Junior training centres	25
Attending residential schools	
Cerebral Palsy School, Carlson House	8
Schools for the physically handicapped	2
Other special schools (open air school 1, blind school 3, E.S.N. School 4,	8
In institutions for the mentally subnormal	24
Remaining at home—ineducable	28
Remaining at home—educable, and awaiting placement	6
Total known cerebral palsy patients 5 to under 15 years	277
Estimated population 5 to under 15 years	161,000

PERSONS 15 YEARS AND OVER

Still at school	23
Senior training centres	46
Outwork—part-time housewives	20
Sheltered work	24
Training college	3
Normal work	213
Institution for mentally subnormal	79
In cerebral palsy home	4
In physically handicapped home	24
In hospitals	3
Midland Spastic Association Day Centre	27
Other day centres	18
At home	80
Total known cerebral palsy patients aged 15 years and over	564

The following facilities are also provided by the Midland Spastic Association:–

Home visits are paid to most cases by qualified social workers; equipment is provided and help given with clothing, holidays, etc. in needy cases.

A play centre caters for a small group of spastic children in the pre school age group, most of these being mentally as well as physically handicapped.

For the heavily handicapped a daily work centre is run for young adults who are unable to find employment and a wide range of outwork craftwork, etc., is provided for them.

Clubs are operated each week, one especially for mentally handicapped spastic teenagers and young adults.

Parents' meetings are also run for parents of pre-school age children which creates opportunities to meet other parents and discuss common problems.

Residential courses are run from time to time.

In addition to the above the Welfare Committee of the City Council provides services for the following individuals:–

Maintained in special establishments	10
In Part III accommodation in "The Beeches" or other homes within the City	23
Participating in Handicraft Scheme	13
Doing outwork arranged by the Welfare Department	8
Taking part in activities of the Birmingham Fellowship of the Handicapped	61
Assisted by the Welfare Committee with adaptations in their own homes	5
Financial assistance given by the Welfare Committee with holidays	1
Loan of a television set	3

Financial aid is also granted to the Midland Spastic Association to assist in their work for spastics.

EPILEPSY

During 1967 assistance was given by the Welfare Committee to epileptics as follows:–

Maintained in colonies	28
Accommodated in Part III accommodation in welfare homes ...	28
Participating in Handicraft Scheme	27
Doing outwork arranged by the Welfare Department	12
Taking part in activities of the Birmingham Fellowship of the Handicapped	19
Assisted by the Welfare Committee with adaptations in their own homes...	1
Loan of a television set	2

A large hall for a weekly meeting of the British Epilepsy Club is also made available at a nominal charge by the Welfare Committee.

At the end of 1967 285 epileptic children of school age were known to the Education Department. Of these the following were in:–

Nursery schools	2
Junior and infant schools	60
County secondary and voluntary schools	78
Grammar and technical schools...	3
	143

Twenty-three were maintained at residential establishments and 119 were at special day schools.

FIRST AID AND STAFF WELFARE SERVICE MEDICAL EXAMINATIONS, CREMATIONS

First Aid and Staff Welfare Service

The number of attendances recorded at the Council House and Bush House surgeries, staffed and maintained by the Public Health Department, was 5,173 compared with 5,839 in 1966.

Those making use of facilities provided by other Corporation Departments are not included in the above figures.

Employees from all Corporation Departments may make use of the service which works in co-operation with general practitioners and hospitals and is of great mutual benefit to employer and employee.

In collaboration with the Chief Public Health and Housing Inspector, Corporation Departments are advised and assisted in complying with the first aid requirements of the Factories Act, 1961, and the Offices, Shops and Railway Premises Act, 1963.

Medical Examinations

Medical examinations carried out by:–

(*a*) *The Medical Officer for Corporation Staff Welfare*

	1967	*1966*
Non-manual employees	1,933	1,911
Manual employees	1,156	973
On behalf of other Local Authorities ...	31	45

	1967	*1966*
(*b*) *Other Local Authorities on our behalf*:–	75	46

The above figures relate only to the medical examinations carried out by the Medical Officer for Corporation Staff Welfare and do **NOT** include those done by:–

1. The School Health Service Medical Officers on behalf of the Education Department and other local authorities.
2. The Panel of Medical Practitioners from whom 1,165 completed forms in respect of manual employees were received and dealt with in this department.
3. Other doctors with whom some Corporation Departments have special arrangements.
4. The doctors who advise the City Treasurer when the question arises of retirement of Corporation employees on grounds of permanent ill-health.

Cremations

The Medical Officer for Corporation Staff Welfare is also the Medical Referee for the two Municipal Crematoria.

NUMBER OF CREMATION CERTIFICATES EXAMINED

	1967	*1966*
Lodge Hill	3,050	3,156
Yardley	2,135	2,223
	5,185	**5,379**

FOOD HYGIENE

As indicated elsewhere in this report a re-organisation of duties within the Department took place during 1967 including a re-allocation of duties in regard to food inspection. As from the beginning of June 1967 the general supervision of foodstuffs and food premises and shops throughout the City became the responsibility of the Chief Public Health and Housing Inspector and eight district food inspectors were transferred to the Public Health Inspectorate. The supervision of slaughtering at the City Abbattoir and certain private slaughterhouses and bacon factories and the inspection of foodstuffs at the central wholesale and retail markets and at the inland port remained the responsibility of the Veterinary and Food Inspection Section. The supervision of milk, dairies and ice cream remained nominally with the Veterinary and Food Inspectors' Section, but as the inspectors concerned were transferred half way through the year to the Public Health Inspectorate it was decided at the end of the year to hand over the duties and responsibility for this supervision to the Chief Public Health and Housing Inspector.

This chapter, therefore, consists of two parts, first the work of the Veterinary and Food Inspection Section and then that of the Public Health Inspectorate.

Veterinary services and the work of the City Analyst and the Food and Drugs Sampling Officers are dealt with elsewhere in the Report

VETERINARY AND FOOD INSPECTION SECTION

SLAUGHTERHOUSES AND MEAT INSPECTION

In addition to the public abattoir, which is the main slaughtering centre in the City, there are ten private slaughterhouses, five of which are connected with bacon factories and are used for the slaughter of pigs only.

The private slaughterhouses are licensed annually on 1st February and during the year 3,198 visits were made to these premises.

Meat inspection is carried out by a staff of authorised meat inspectors under the supervision of veterinary officers, and animals are examined before and after slaughter to ascertain their fitness for human consumption. A laboratory is maintained at the public abattoir to assist in the diagnosis of various diseases.

The meat inspection staff are also responsible for ensuring that high standards of hygiene are maintained in the slaughterhouses, for ensuring that slaughtering is carried out humanely, and for the inspection of the vehicles used for the transport of animals and of meat.

The problem of retention of staff, mentioned in last years' report, was overcome during 1967. Improved salary prospects and the undertaking to remain in the service of the Corporation for at least two years after qualification, which trainees are now required to sign, have apparently had the desired effect and the staff is now at full strength. In the circumstances, further trainees are not being engaged at present.

Animals slaughtered in the City

The following table shows the numbers of animals slaughtered at the different types of slaughterhouses in the City with comparative figures for 1966.

		Beasts	*Calves*	*Sheep*	*Pigs*	*Total*
Public Abattoir	1967	37,673	18,968	221,165	67,055	344,861
	1966	39,576	17,796	223,473	67,884	348,729
Bacon Factories	1967	—	—	—	113,794	113,794
	1966	—	—	—	143,374	143,374
Other Private	1967	675	39	6,293	874	7,881
Slaughterhouses ...	1966	860	69	6,552	973	8,454
TOTAL	1967	38,348	19,007	227,458	181,723	466,536
	1966	40,436	17,865	230,025	212,231	500,557

Licensing of slaughtermen

The slaughtering or stunning of animals in a slaughterhouse or knacker's yard is permissible only by persons holding a licence granted by the local authority. Licences, other than renewals of existing licences, are granted subject to the condition that the holder may slaughter or stun animals only under the supervision of an experienced slaughterman; a full licence is then granted when the slaughterman has gained experienced and can demonstrate his efficiency.

At the 31st December 1967. there were 109 licences in force, five of which were provisional.

Incidence of Disease

The following tables show the incidence of various diseases in food animals slaughtered in the City.

CONDEMNATIONS

	At Public Abattoir				At Private Slaughterhouses			
	Carcases		*Offal*		*Carcases*		*Offal*	
	Total	*Partial*	*Total*	*Partial*	*Total*	*Partial*	*Total*	*Partial*
Adult Cattle:								
Tuberculosis	—	—	—	9	—	—	—	—
Johne's disease	—	—	—	—	—	—	—	—
Actinobacillosis (— mycosis)	—	—	—	189	—	—	—	1
Septicaemic conditions	10	6	10	2	—	—	—	—
Pneumonia and/or pleurisy	2	5	2	2557	—	—	—	4
Peritonitis	4	81	4	733	—	—	—	2
Mastitis	—	3	—	—	—	—	—	—
Hepatic abscess	—	—	—	1675	—	—	—	1
Fascioliasis (fluke)	—	—	—	10943	—	—	—	82
Parasitic pneumonia	—	—	—	—	—	—	—	2
Echinococcosis	—	—	—	588	—	—	—	7
Cysticercosis (C. bovis)								
(*a*) Rejected	—	—	—	146	—	—	—	2
(*b*) Refrigerated	146	—	—	146	2	—	—	2
Tumours	—	—	—	—	—	—	—	—
Bruising	4	139	4	—	—	2	—	1
Emaciation and oedema	7	—	7	—	—	—	—	—
Other conditions	21	471	21	1626	—	2	—	36
Calves:								
Congenital tuberculosis	—	—	—	—	—	—	—	—
Tuberculosis	1	—	1	—	—	—	—	—
Septicaemic conditions	33	1	33	1	—	—	—	—
Joint-ill or navel-ill	11	2	11	—	—	—	—	—
Bruising	5	39	5	5	—	—	—	—
Emaciation and oedema	9	—	9	—	—	—	—	—
Immaturity	3	—	3	—	—	—	—	—
Other conditions	130	10	130	75	—	—	—	—
Pigs:								
Swine fever	—	—	—	—	—	—	—	—
Swine erysipelas	11	7	11	—	—	—	—	—
Tuberculosis	10	—	10	1553	—	1	—	4
Septicaemic conditions	55	39	55	2	—	—	—	—
Pneumonia and/or pleurisy	3	7	3	2586	—	—	—	16
Pyaemia	90	—	90	—	—	—	—	—
Arthritis	17	358	17	—	—	6	—	—
Echinococcosis	—	—	—	19	—	—	—	—
Ascariasis (Milk spot)	—	—	—	4094	—	—	—	44
Abscess	43	357	43	117	—	10	—	2
Bruising	4	255	4	—	—	15	—	—
Other conditions	77	161	77	821	—	3	—	28
Sheep:								
Septicaemic conditions	148	228	148	7	—	—	1	—
Pyaemia	222	1	222	—	2	—	3	—
Pneumonia and/or pleurisy	3	16	—	939	—	—	—	4
Arthritis	39	223	39	—	—	4	—	—
Parasitic Pneumonia	—	—	—	—	—	—	1	20
Fascioliasis (fluke)	—	—	—	21529	—	—	—	145
Cysticercus ovis	—	—	—	—	—	—	—	—
Echinococcosis	—	—	—	11512	—	—	—	29
Bruising	25	164	25	—	—	—	—	—
Emaciation and Oedema	875	—	875	—	1	—	1	—
Other conditions	260	525	260	1991	4	3	4	85

CONDEMNATIONS AT BACON FACTORIES

	Carcases		*Offal*	
	Total	*Partial*	*Total*	*Partial*
Pigs:				
Swine Fever	—	—	—	—
Swine erysipelas	8	10	8	—
Tuberculosis	28	44	28	4212
Septicaemic conditions	59	4	63	13
Pneumonia and/or pleurisy...	20	102	20	4124
Pyaemia	80	18	123	4
Arthritis	5	369	5	—
Abscess	36	355	39	683
Echinococcosis	—	—	—	—
Ascariasis (Milk spot)	—	—	—	4185
Bruising	4	278	4	5
Other conditions	124	24	124	5664

CENTRAL WHOLESALE AND RETAIL MARKETS AND INLAND RAIL PORT

The markets concerned are the wholesale fish, fruit and vegetable markets, the Bull Ring Centre market hall and the Bull Ring open-air market. Senior food inspectors are engaged on work in these markets where a continuous check is made on the foodstuffs passing through and on the standards of hygiene. (A table appearing later shows quantities of foodstuffs condemned as unfit).

Inspection of imported food at the inland port operated by British Rail near the city centre is also within the duties of the senior food inspectors. A very few isolated visits have been necessary up to the present as the port has only recently become operative, but it is anticipated that this work will gradually build up.

THE MILK SUPPLY

There were eight dairy herds in the City at the end of 1967. Monthly visits are made by a veterinary officer who examines the cows for evidence of disease or uncleanliness and also inspects the cowsheds.

Due to the outbreak of foot and mouth disease, visits were suspended in the autumn to avoid the risk of spreading the disease and consequently no figures are available of the numbers of cows kept.

MILK AND DAIRIES AND ICE CREAM

During the first half of the year the Senior Milk and Dairies Inspector, together with an assistant inspector, continued in the inspection and control of all matters pertaining to milk processing and distribution, ice cream manufacture and retail, the major bakeries and the one egg pasteurisation plant.

With a further stage of re-organisation of the Department and the appointment of the Senior Milk and Dairies Inspector to other work, the control of ice cream retail shops and vans, milk shops and bakeries was transferred to the re-organised Public Health Divisional Inspectorate.

One assistant Milk and Dairies inspector continued in the inspection and control of the milk processing plants and ice cream manufacturers under the supervision of the Administrative Medical Officer of Health (General Purposes).

The following details summarise the work of supervision and inspection of plant and premises carried out during the year:–

	visits
Pasteurising plants	194
Sterilising plants	82
Milk distributors	195
Egg pasteurisation plant	32
Milk vending machines	51
Shops selling milk and/or ice cream	360
Ice cream and iced lollipop makers	123
Ice cream storage and vehicle depots	163
Ice cream vehicles (making and selling)	441
Premises having milk dispensing machines	170
Miscellaneous:-	
Accompanied and other visits	544
Interviews	5
Investigation of complaints	81
Demonstrations and lectures	12
Unsuccessful visits	265

Dairy premises, etc.

The number of dairy and allied premises under inspection by the sub-section at the end of 1967 was as follows:–

Pasteurising plants all H.T.S.T.	5
Sterilising plants	4
Distributing depots	22
Retail purveyors	18

Plans for the construction of two further milk distribution depots were approved and building work started. These depots should be in operation in 1968.

Ultra heat treated milk "Long-life"

Sales of milk of this designation are minute, a little in excess of 2,000 gallons only were sold in the City during the year.

Untreated milk

No milk of this designation is sold within the City.

Complaints

The following complaints were received during the year:-

General	
Dirt or foreign matter in bottles	57
"Watery" sterilised milk	1
Sour	4
Schools	
Dirt or foreign matter in bottles	2

Three prosecutions were taken under Regulation 27 of the Milk and Dairies (General) Regulations, 1959. Pleas of "guilty" were entered.

Dirty milk bottles .. .. Fines £10: £15: £25.

One prosecution was taken under Section 2 of the Food and Drugs Act, 1955. A plea of "guilty" was entered:

Metal Foil in ⅓ pint school bottle .. .. .. Fine £5.

The one case of watery sterilised milk was due to a chipped bottle neck causing an imperfect seal and permitting the entry of water during processing.

There was an instance of infestation of a milk bottle with fly larvae, identified as the larvae of the vinegar fly (Drosophila busckii).

Milk sampling

(*a*) PASTEURISED MILK

	Methylene Blue Test		*Phosphatase Test*	
	Number submitted	*Number failed*	*Number submitted*	*Number failed*
From dairies inside City				
From rounds, etc.	344	4(1·16%)	354	Nil
From schools	148	2(1·35%)	146	Nil
From vending machines	49	1(2·04%)	347	—
From churns	38	Nil	Nil	—
From dairies outside City				
From rounds etc.	189	4(2·12%)	193	Nil
From vending machines	45	2(4·44%)	46	Nil
From churns	10	Nil	Nil	—

21 samples, not included in the above figures were declared "void" on account of excessive shade temperatures.

(*b*) STERILISED MILK

	Number of samples submitted for Tubidity Test	*Number of failures*
From dairies inside City	81	Nil
From dairies outside City	46	1

(*c*) ULTRA HEAT TREATED MILK

Number of samples submitted for Plate Count.	*Number of failures*
44	Nil (all samples sterile)

Cold Milk Dispensing Machines

A total of 316 samples was taken from this type of machine during the year, and of these 70 (22·15 per cent.) failed the Methylene Blue Test.

These figures show an improvement over those for 1966, due to some extent to an increase in the number of the new type of machine where milk is packed at registered dairy premises, but there is also reflected an improvement in the general standard of cleansing and sterilising of the older type of machine. A letter from the Department, containing advice on cleansing and sterilising routines, addressed to all users of these machines, no doubt had some bearing on the improved standards.

Churn and Bottle Washings

Examination of the churn and bottle washing plants at the dairies gave the following results:-

(*1*) *Bottles*

48 samples were taken all results satisfactory.

(*2*) *Churns*

27 samples were taken and all were classified as "satisfactory", being below the recommended standard of 50,000 organisms per churn.

Fresh Cream

345 samples of fresh cream were submitted for the provisional methylene blue test:-

Number of samples	*Time taken to decolourise Methylene Blue*
23	0 hours
101	½ to 4 hours
221	More than 4 hours

Ice Cream

During the year four manufacturers' registrations were granted, giving a total of 80 registered manufacturers.

The number of premises registered for sale of ice cream and iced lollipops was increased from 2,937 in 1966 to 3,057, there being 168 new registrations and 48 cancellations during the year.

Twenty-three registrations were effected during the year for persons only - all in respect of the operation of manufacturing and retailing ice cream on vehicles.

Sampling for hygienic quality of ice cream has been carried out, using the provisional methylene blue test:-

Grade	*Samples of ice cream manufactured on premises in the City*	*Samples of ice cream manufactured on premises outside the City*	*Total samples* 1967	*Results* 1966
1 & 2	377 (93·78%)	241 (99·18%)	618 (95·81%)	532 (92·36%)
3 & 4	25 (6·22%)	2 (0·82%)	27 (4·19%)	44 (7·64%)

Grades 3 and 4 are regarded as unsatisfactory. An upward trend of satisfactory results was maintained.

Three samples were obtained in connection with food poisoning investigations – these were satisfactory.

Sampling for compositional quality has been carried out as follows:–

Ice cream manufactured inside the City	253
Ice cream manufactured outside the City	59

Of the 312 chemical samples taken, one proved unsatisfactory. This was a sample of soft ice cream, frozen in the City, from a mix manufactured by a highly reputable firm outside the City. A deficiency of 0·6 per cent in the total solids-not-fat showed on analysis, i.e., 7·4 per cent. instead of the legal minimum of 8 per cent. No conclusive explanation came to light during the investigation but it is most probable that there could have been a dilution of the mix with water due to inadequate draining of the freezer following sterilisation prior to use. Subsequent samples proved satisfactory.

Four instances of unsatisfactory labelling of ice cream came to light during the year. Representations were made to the manufacturers concerned and satisfactory arrangements were made for future labelling.

A complaint was received of foreign matter in a one pint block of ice cream sold from a van in the City but originating elsewhere. The foreign matter proved to be a spider. Prosecution was taken under Section 2 of the Food and Drugs Act, 1966 and a fine of £20 followed a plea of guilty on behalf of the manufacturers.

Frequent checks continued on ice cream vans operating in the City. 441 such checks were made, 97 of them out of normal office hours.

Complaint was received from an adjoining local authority of an unsatisfactory sample obtained from a van salesman retailing ice cream made from mix within the City. Investigation revealed poor stock rotation, and check sampling of the main manufactured product was satisfactory. The salesman was dismissed by the company concerned.

Iced Lollipops

The number of premises registered for the manufacture of iced lollipops remains at 22. Premises registered for the sale only at the end of 1967 numbered 3,001 compared with 2,889 at the end of 1966.

In addition to the above 23 registrations were granted to persons only in respect of sales vehicles.

Bacteriological Examination

One hundred and sixty-two samples were submitted for bacteriological examination, nine of which were unsatisfactory due to presence of B coli in 0·01 ml. of material. Follow-up sampling of the one failure of city origin was satisfactory. Representations were made to local authorities regarding the other eight failures and the trouble was subsequently eliminated.

Metallic Contamination

Twenty-two samples were submitted to determine the possible presence of metallic contamination. All were satisfactory.

Seven samples were obtained during investigation into cases of food poisoning; four bacteriological and three chemical - all results were satisfactory.

Egg Sampling

Forty-six samples of frozen whole egg for use as an ingredient in the preparation of food intended for sale for human consumption, all of British origin, were submitted to the alpha-amylase test and all gave satisfactory results.

Three samples of cartoned liquid egg and two of albumen proved satisfactory.

Goats Milk

Of six samples taken, five were satisfactory. The presence of B. coli in the one sample was notified to the producer and subsequent samples were satisfactory.

Powdered Milk

A sample of powdered milk used for reconstitution and sale from a milk dispensing machine proved unsatisfactory failing the half hour methylene blue test when reconstituted under laboratory conditions.

Yoghourt

Two samples were taken and gave satisfactory results.

SHELLFISH

Of the various shellfish on sale, mussels are considered to be the most likely to give unsatisfactory results at the present time. The following table shows the numbers of samples taken and the results obtained. In each case an average of two pools of five mussels each was taken.

Source	*Number of Samples*	*Not exceeding 5 B. coli Type 1 per 1 ml. of fish (satisfactory)*	*Exceeding 5 but not exceeding 15 B. coli Type 1 per 1 ml. of fish (suspect)*	*Exceeding 15 B. coli Type 1 per 1 ml. of fish (unsatisfactory)*
A	35	33	—	2
B	28	26	2	—
C	23	22	1	—
D	11	11	—	—
E	4	4	—	—
F	2	2	—	—
G	1	1	—	—
TOTAL	104	99	3	2

In those cases where the results are classified as "suspect" or "unsatisfactory", reports were made to the medical officer of health concerned. Subsequent samples from the three sources involved gave satisfactory results.

Five samples of oysters were taken during the year from three different sources. Four gave satisfactory results and one was classified as "suspect"; no further supplies were received from this source.

WATERCRESS

Three samples of watercress from two different sources were examined during the year. One of the samples gave an unsatisfactory result and a report was made to the medical officer of health for the district concerned.

Chief Public Health and Housing Inspector's Section

INSPECTION OF FOOD PREMISES AND FOODSTUFFS

Examination of foodstuffs in the course of their progress to the consumer and inspection of food premises and food shops are of prime importance both for the protection of the purchasing consumer and of public health. The City is now divided into four divisions and attached to each division are two district food inspectors who work under the supervision of the divisional public health inspector and in association with the district inspectorate. Routine inspection of food stuffs and food premises are made, complaints are investigated and the specific requirements of the Food and Drugs Act, 1955 and the various Regulations and Orders made thereunder are enforced.

During the year a total of 58,079 visits was made by the re-organised public health inspectorate in connection with food and the hygiene of food premises.

Food Premises subject to the Food Hygiene (General) Regulations, 1960

	Number of premises	*Number which comply with Reg. 16**	*Number to which Reg. 19 applies†*	*Number which comply with Reg. 19†*
Butchers ... ... (including those registered for food preparation)	936	936	936	936
Grocers	878	878	865	864
Greengrocers	742	740	742	738
Fishmongers	32	32	32	32
Other food shops	2,704	2,701	1,442	1,434
Horseflesh shops	1	1	1	1
Licensed premises	1,902	1,902	1,864	1,886
Bakehouses	70	70	70	70
Factory canteens	764	764	764	764
School canteens	482	482	482	482
Eating houses and catering premises	881	881	881	881
Fish and chip friers	322	322	322	322
Breweries	6	6	6	6
Sweet manufacturers	14	14	14	14
Biscuit manufacturers	1	1	1	1
Potato crisp manufacturers ...	2	2	2	2
Jam makers	1	1	1	1
Mineral water factories	2	2	2	2
Registered food preparation ... premises (other than butchers)	43	43	43	43
Cold stores	4	4	—	—
Ice cream manufacturers ... and storage premises	17	17	17	17
Egg pasteurisation plant... ...	1	1	1	1
	9,805	9,800	8,488	8,497

* Regulation 16 requires the provision of wash hand basins, water supply, etc.

† Regulation 19 requires the provision of facilities for washing food and equipment.

Note:- The number of premises which do not comply with Regulations 16 and 19 are comparatively few. In the main these are new businesses where the premises are in the process of being brought up to standard.

Registered Food Preparation Premises

Certain food preparation premises such as those used for the manufacture of sausage, cooked meats and pork pies or for the preservation, potting or pickling of food are required to be registered under Section 16 (1) of the Food and Drugs Act, 1955.

At the end of the year there were 211 such registered premises in operation of which the bulk (168) were butchers' premises mainly engaged in the manufacture of sausage or the preserving of meat.

Registered Eating Houses and Catering Premises

Section 54 of the Birmingham Corporation Act, 1935, requires the registration with the Corporation of all premises substantially or mainly used for the sale of food to members of the public for consumption on the premises. Exception to this requirement is where a justice's licence for the sale of alcoholic liquor is held. At the end of the year there were 881 registered catering premises compared with 864 at the end of 1966, and this increase was effected by the registration of 56 new eating houses while 39 registrations were cancelled as the premises ceased to be so used.

Licensed Premises

Notifications of applications submitted to the Justices for licences to sell intoxicating liquor or for registration of clubs are sent to the Department as they are received so that opportunity can be given for objection to be raised where the requirements of the Acts and Regulations delegated to the Health Committee have not been met. There were 336 notifications received during the year most of which were for the renewal of existing registrations. Opportunity was taken to carry out inspections and call for improvements as required. In no case was it necessary to raise formal objection with the Justices to the registration of any premises.

The special visits to full on-licence premises were continued during the evening peak trading hours, followed by a visit during the day soon afterwards. These visits were, however, on a much reduced scale and only 13 on-licence premises were visited at night during the year.

Daytime visits were continued both to off-licence and to on-licence premises and a total of 941 visits was made during the year.

At the end of the year the total of premises licensed for the sale of intoxicating liquor was 1,902 premises which included 784 public houses, 623 off-licences, 62 restaurants and 433 clubs.

Bakehouses

At the end of 1967 there were 70 bakehouses operating in the City compared with the previous year when there were 71. Thirty of these premises are solely engaged in the manufacture of cake confectionery, two restrict their activities to the baking of bread and the remaining 38 manufacture both bread and confectionery in varying proportions. A total of 188 visits was made to bakehouses during the year and the general standard of hygiene was found to be good although in the case of one or two small establishments it was found necessary to send letters of warning and requiring improvements in order to comply with the Food Hygiene (General) Regulations, 1960.

Imitation Cream

Routine sampling continued from bakeries using this type of material with the following results:-

Source of Samples	*No. of samples*	*Plate Count*		*B. Coli present*
		Satisfactory	*Unsatisfactory*	*(unsatisfactory)*
Unopened containers ...	109	86	23	Nil
Mixing bowl	103	75	27	1
Other baking utensils	12	11	1	Nil
	224	172	51	1

23 of the 28 unsatisfactory results from mixing bowls were accounted for by an initially unsatisfactory product in the unopened container. The remaining five poor results for mixing bowls and the one from the other baking utensils were due to poor sterilizing procedures. Advice was given and follow-up sampling proved satisfactory. The unsatisfactory results from the unopened containers were taken up with the suppliers and manufacturers of the imitation cream – in many cases there was no explanation found but a number of such results appeared to arise from delays in transit and storage in unrefrigerated conditions.

School Canteens, Kitchens etc.

Regular visits are made to school canteens to inspect food supplies, kitchens and storage conditions. Special checks are made at regular intervals and on request to examine meat, fish and other supplies of food and, where necessary, to check that quality and prices are according to the condition of contract. This service to schools is also extended to homes and residential premises operated by the Children's Welfare and Public Health Departments and reports on unsatisfactory food supplies are made to the Central Purchasing Department and also taken up with the suppliers. At the same time, where food preparation conditions are found to call for improvement, the attention of the responsible departmental head is drawn. A total of 3,904 visits was made to this class of premises during the year.

Factory Canteens

Regular visits of inspection are made to factory canteens which continue to play such a large part in the feeding habits of many workers and cater for thousands of main meals each day. A generally good standard of hygiene in food handling and of the premises was reported. There were 764 canteens known to be operating in the City in 1967 compared with 780 at the end of 1966, and a total of 810 visits was made.

Food Hawkers, Mobile Shops, Mobile Canteens, etc.

A hawker of food, which term includes the operator of a mobile canteen or shop, must be registered under the provisions of Section 42 of the Birmingham Corporation Act, 1948, before he can operate in the City. Under this Section, no one, other than a person keeping an open shop for sale of food, shall either by himself, or by any person employed by him, sell, offer or expose for sale any food from any cart, barrow or other vehicle or from any basket, pail, tray or other receptacle unless he is registered with the Corporation. In addition, if it is necessary to use premises for the storage of food intended for such sale from any cart, barrow, etc., then the premises must be suitable and registered with the Corporation.

At the end of the year the number of persons so registered was 442 and this figure included 26 operators of mobile canteens.

The provisions of the Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations 1966 apply in these cases and the co-operation of the operators in meeting requirements has been generally and readily forthcoming.

Complaints and Request Inspections of Foodstuffs.

A total of 2,791 visits was made during the year in connection with complaints regarding foodstuffs and requests to examine food which was thought to be unfit. Many complaints are received alleging foodstuffs contain foreign matter and in most of these the complaint is taken up with the manufacturer or distributor of the foodstuff concerned who is invited to visit the Department, to examine the foodstuff and make observations on the complaint. In some cases the evidence is inconclusive and it is impossible to allocate the blame to anyone with certainty, but in the majority of cases the shopkeeper, distributor or manufacturer is issued with a warning and where possible advised on any steps he should take to avoid repetition of the cause of the complaints. In a number of cases it is found necessary to institute legal proceedings.

These investigations are most time consuming and one complaint may involve several visits, telephone calls, interviews and letters before a conclusion is reached. All this is very worthwhile and lessons are learnt and taught which help add to the protection and safety of our food.

There is still room, however for the consuming public to exercise its own safeguards and if purchasers will readily draw the attention of the food traders to unsatisfactory products and let them know that a high standard is expected and complaints will be pressed unless it is maintained, then in the long run this will be achieved.

Foodstuffs Judged as Unfit

	1966			*1967*		
	T.	*c.*	*q.*	*T.*	*c.*	*q.*
Meat and offal	318	3	2	317	11	2
Fish	33	6	2	30	14	3
Poultry, etc.	12	3	0	39	2	2
Fruit and vegetables	559	5	3	488	4	3
Miscellaneous	70	8	1	75	17	2
	993	7	0	951	11	0

These figures represent all foodstuffs condemned throughout the City. The bulk of these foodstuffs – 868 tons 11 cwts. – was surrendered at the wholesale and central markets, public abattoir, private slaughter houses and bacon factories before it reached the retail outlets.

Legal Proceedings involving Food and Food Premises, etc.

During the year it was found necessary to institute legal proceedings in the following cases:-

	Cases Taken	*Fines Imposed*
Section 2 Food and Drugs Act, 1955 (Selling food not of the nature, substance or quality demanded by the purchaser	10	£205
Food Hygiene (General) Regulations, 1960 (Dirty, defective or insufficiently equipped premises and offences in connection with the handling of food)	9	£583

In the proceedings taken under Section 2 of the Food and Drugs Act, 1955, five of the cases were in respect of foreign matter found in food and included cigarette ends found in mineral water and a pie, glass and a spider in ice cream, and metal found in milk. The remaining five cases involved the sale of mould affected foods all of which were bakers' products and which appear to have arisen through lack of care in stock rotation. In only two of the 10 cases die the evidence warrant proceedings being taken against the retailer – in the remaining eight proceedings were against the manufacturer or distributor.

In the proceedings taken under the Food Hygiene (General) Regulations 1960, the premises involved included those of five fish and chip friers and four cafe proprietors prior to each case verbal warnings and letters had been sent calling for improvements in conditions which had not been forthcoming. In all cases the offence disclosed the failure to keep the premises clean and in repair but in addition, in some cases, there were lacking such requirements as washhand basins, hot water, soap, towels, nailbrushes, facilities for storage of outdoor clothing, first aid equipment, etc. Also, in one case, a food handler was observed to be smoking while handling open food.

The instituting of legal proceedings is a course only followed when other methods fail and it is a tribute to the persuasion and work of the inspectorate and to the co-operation and standards maintained by the proprietors of 9,805 food premises in the City that so few legal proceedings had to be taken.

Game Dealers

Game dealers are required to obtain a licence from the local authority which must be produced in support of an application for an Excise licence. Licences are granted annually on 1st July and at the end of the year there were 56 licences in force.

VETERINARY SERVICES

DISEASES OF ANIMALS ACTS

The Department is responsible through its Veterinary Section for carrying out the duties of the Local Authority under these Acts and the Order made under them. In addition to those specifically mentioned below, these duties include the publication of the orders of the Ministry of Agriculture, Fisheries and Food, the supervision of the cleansing and disinfection of infected premises, the issuing of licences for the movement of animals, and the enforcement of orders made for the protection of animals and poultry from unnecessary suffering during transit.

The three veterinary officers have been appointed local veterinary inspectors of the Ministry of Agriculture, Fisheries and Food in Birmingham, and in that capacity make diagnostic inquiries in cases of suspected scheduled diseases.

Foot and Mouth Disease

The month of October, 1967 saw the beginning of the Foot and Mouth Disease epidemic which was to last for many months. Movement restrictions were imposed in parts of England and Wales, and Birmingham was brought within a Controlled Area on 10th November. On the 16th November, following an outbreak of the disease at Spetchley, Worcestershire, an Infected Area was declared which included the City. When, on the 28th December, Infected Areas restrictions were removed from the Spetchley area, Birmingham was declared to be a part of the Infected Area centred on Bromstead and Swynnerton in Staffordshire, and so restrictions in Birmingham continued into 1968. In the meantime,the epidemic had grown to such proportions that Controlled Area restrictions were imposed over the whole country.

A considerable amount of extra work fell upon the Veterinary Section as a result of these restrictions. All movements of livestock into the City had to be licensed, and routes found to avoid other infected areas and to avoid travel within two miles of infected farms. Up-to-date maps were maintained to assist in this work and an average of some 600 movement licences were issued per week. Steps were taken to see that vehicles used for the transport of animals were disinfected after use, and the movement of slaughterhouse waste and manure was controlled. To avoid the risk of spreading the disease, visits to pig keepers and farms were discontinued until the end of the epidemic.

Dead Animals

Animals found dead on arrival at their destinations, or which may die whilst awaiting slaughter, and pigs which die on private premises, are examined to ascertain the presence or otherwise of anthrax or other scheduled contagious disease. The following table shows the numbers found dead during the year:-

	Beasts	*Calves*	*Sheep*	*Pigs*
City abattoir	2	30	100	25
Bacon factories	—	—	—	124
Other private slaughterhouses	—	—	—	2
Pig keepers' premises	—	—	—	12
	2	30	100	163

The result of the examination was negative in each case.

Diseases of Animals (Waste Foods) Order, 1957

This order provides for the licensing by local authorities of plant used for the boiling of waste food intended for feeding to animals or poultry. At the 31st December, 1967, 20 licences remained in force.

Pig Keepers' Premises

These premises are visited to examine dead pigs, to inspect the records which are required to be kept under the Movement of Animals (Records) Order, 1960, and to check that the provision of the Diseases of Animals (Waste Foods) Order, 1957, are complied with. Additionally, visits are made to see store pigs which have been brought into the City under licence, during the period of 28 days' detention prescribed by the licence. During the year, 1,863 store pigs were licensed to premises in the City and 36 visits were made.

Tuberculosis (Bovine)

Post-mortem examinations were made on 11 cattle which had reacted to tuberculin tests and which were sent to the abattoir for slaughter. A report of the post-mortem findings was sent to the Ministry of Agriculture, Fisheries and Food in each case.

Importation of Dogs and Cats Order, 1928

The R.S.P.C.A. kennels at Barnes Hill, California are approved by the Ministry of Agriculture, Fisheries and Food as a place of detention and isolation for imported dogs undergoing quarantine.

A veterinary officer visits the premises once in every period of four weeks and makes a report to the Ministry of Agriculture, Fisheries and Food.

Certificates for export

Export certificates are issued when required for straw, animal casings, meat, dogs and birds which are to be exported. The form of certificate varies according to the requirements of the country of destination; in the case of dogs for certain destinations, blood samples have to be taken and submitted to the Ministry of Agriculture laboratory for examination.

PET SHOPS

The Pet Animals Act, 1951, regulates the sale of pet animals and makes it an offence to keep a pet shop except under the authority of a licence granted by the local authority.

The licensing and inspection of pet shops is carried out by the Veterinary Section and during the year 84 visits were made to proposed new pet shops and to existing pet shops to ensure that the conditions of the licence were being observed.

At the 31st December, 1967, there were 57 licensed pet shops in the City.

ANIMAL BOARDING ESTABLISHMENTS

The Animal Boarding Establishments Act, 1963, regulates the keeping of boarding establishments for dogs and cats and makes it an offence to keep such an establishment except under the authority of a licence granted by the local authority.

The licensing and inspection of these premises is carried out by the Veterinary Section and during the year six visits were made in connection with the granting of licences and to ensure that, where licences had been granted, the conditions of the licence were being complied with.

At the 31st December, 1967, there were 11 licensed animal boarding establishments in the City.

RIDING ESTABLISHMENTS

The Riding Establishments Act, 1964, requires local authorities to inspect and license riding establishments. There are two licensed riding establishments in the City and during 1967 six visits were made.

CARE OF CORPORATION HORSES, ETC.

This work is carried out by the Veterinary Section and covers the provision of feeding stuffs and bedding for animals owned by the Corporation, the shoeing of the horses and veterinary attention when required.

A granary is maintained, supplies of feeding stuffs, etc. being purchased in bulk and delivered to other departments and institutions as required.

A blacksmith is employed at the Department's forge. In addition to the shoeing of the Police horses, he carried out general work for other departments, mainly the Public Works Department.

Animals belonging to the Corporation receive veterinary attention from one of the department's veterinary officers whenever necessary. During the year, treatment was given to the Police horses and to dogs belonging to the Parks Department and Police.

The purchase of new horses and the sale of horses no longer required are arranged by the Chief Veterinary Officer. All new police dogs are examined and vaccinated.

The Department owns 23 horses which are hired to the Police. Three new horses were bought during the year at a total cost of £910, as replacements for horses which were disposed of as unsuitable for further Police work.

ENVIRONMENTAL HEALTH SERVICES

Re-organisation of the Work of the Public Health Inspectors

With a view to making the most economic use of the qualified staff available, improving efficiency, avoiding undue duplication of visiting and unnecessary travelling time, the Health Committee has taken a comprehensive look at the work undertaken by public health inspectors in the Public Health Department. For many years there has been specialisation to deal with certain narrow fields of the work. Qualified inspectors have specialised as follows:–

(1.) Inspection of houses for slum clearance

(2.) Inspection of meat and other foods as to fitness for human consumption.

(3.) Atmospheric pollution control and industrial noise abatement.

(4.) Rodent control.

A larger number of inspectors has dealt with other general aspects of the work, including improvement and repairs to property, conditions in houses in multiple occupation and infectious disease enquiries.

Specialist sections were set up some years ago to deal with specific situations which called for concentrated effort. Circumstances have changed and the situation was reviewed to bring the organisation up to date. In the field of house inspection, for example, it is considered that the majority of slum houses in clearance areas have been tackled. Only isolated pockets remain which could be dealt with by the general inspectorate, thus releasing staff for other work such as repair and improvement of basically sound dwellings. Great strides have been made by industry in controlling smoke and noxious emissions.

The staff of public health inspectors has now been re-organised so that there is a headquarters of inspectorial staff under the Chief Public Health and Housing Inspector at Trafalgar House in the City Centre, and he is supported by a team of senior officers who will assist in the co-ordination and unification of the work of four divisions. Each division is under a Divisional Inspector, who will have day to day control of a staff of general duty inspectors and he will be supported in his activities by a limited number of specialists, who will advise and help in the more specialised technical aspects of the work. Senior specialists continue to advise on clum clearance, rodent control and other aspects of the work in a consultative capacity.

Two divisional offices had been established by the end of the year, one at 323, Birchfield Road and the other at 249, Warwick Road. Negotiations were in hand for the acquisition of suitable premises for the other two divisions.

The Chief Veterinary Officer continues to be responsible for the inspection of meat in the abattoir and the bacon factories, and for the inspection of food in the wholesale and retail markets in the City Centre. He retains a specialist staff for this purpose.

The Chief Air Pollution and Noise Abatement Inspector also has a specialist staff which, apart from the four offices posted to divisions, are based at Trafalgar House, and are mainly concerned with the administration of the smoke control areas aimed to make the City smokeless by the mid 1970's.

The re-organised service, apart from saving travelling time and making a modest contribution to the reduction of traffic and parking on the roads, should give the public easier access to the inspectorial staff. The qualified staff are now able to devote more time to inspections and productive work and there is greater interest for the staff and opportunities to gain even wider experience than under the old system.

Staff

One of the objects of the re-organisation of the work of the public health inspectors was to make for a contented staff and it is pleasing to record that during the year there have been only two resignations from qualified inspectors through movement to other local authorities. Four have retired, including the Deputy Chief Public Health Inspector (Housing) and the Assistant Rodent Control Officer.

Seven new students were taken on to the first year of the training course for public health inspectors. Some were referred from the previous year's training schemes and the number of students under training at the end of the year was as follows:–

Year	*Number of Students*
First year	7
Second year	13
Third year	6
Fourth year	11

Six students qualified during the year.

The number of staff employed on district duties at the end of the year was as follows:–

	Establishment	*Actual*
District Inspectors	12	12
Senior Assistant District Inspectors	12	11
Assistant District Inspectors	36	37
Student Public Health Inspectors	36	37
Technical Assistants	36	16

The vacancy for Senior Assistant District Inspector was filled on 1st January, 1968, and the resignation of one of the superannuitants on 31st December, brought the number of Assistant District Inspectors on 1st January 1968, to 35.

The duties under the Shops Act, 1950, continued to be carried out by inspectors who specialise in this aspect of the work.

Inspections

In view of the re-organisation it is impossible to make a direct comparison in the number of visits made with those made in 1966.

The number of visits made to houses in multiple occupation was 20,100 which was slightly less than during the previous year when 21,193 visits were made.

The total of visits by staff engaged on general district duties during 1967 was made up as follows:–

		% of total
House inspections	123,057	55·40
Inspection of food premises	8,371	3·77
Visits re infectious diseases	7,910	3·56
Inspections of outworkers' premises	653	·29
Inspections of tents, vans and sheds	38	·02
Inspections of stables and pigsties	71	·03
Inspections of tips	482	·22
Visits to burials, exhumations, etc.	85	·04
Inspections of pleasure fairs and circuses	143	·06
Visits re sampling of water (not by water sampling officer)	411	·19
Visits re taking of rag flock samples	8	·01
Inspections of offensive trade premises	10	·01
Inspections of factory premises	3,796	1·71
Inspections of surface air-raid shelters	35	·02
Inspections of common lodging houses	55	·03
Inspections of premises re Town and Country Planning applications	1,697	·76
Inspections of public houses	136	·06
Visits by students under instruction by qualified inspectors	17,213	7·75
Joint visits made by qualified inspectors	2,007	·90
Other successful visits	21,402	9·64
Unsuccessful visits	28,241	12·71
Visits re lectures and demonstrations to visitors	186	·08
Visits to offices and shops	4,437	2·00
Visits to agricultural units	7	·01
Inspections re rodent control	1,628	·73
	222,079	100·00

Total visits made by inspectors, including those engaged on certain special duties:–

			% of Total
Visits by public health inspectors and technical assistants on district		222,079	71·15
Visits by Shops Act inspectors:–			
Under Shops Act, 1950	18,697		
Under Offices, Shops and Railway Premises Act, 1963	7,549		
		26,246	8·41
Visits by Rodent Control inspectors ...		13,893	4·45
Visits by Food inspectors		49,894	15·99
		312,112	100·00

The emphasis is changing from the clearance of slums to the conservation and retention of old, substantially built houses which lack the amenities now regarded as being essential to modern living. This is revealed in the manner in which housing problems are being approached and in the proposed new legislation outlined in "Our Older Homes", a Ministry of Housing and Local Government report published in 1966.

The great increase in the number of new dwellings erected during the year has resulted in a corresponding increase in the rate of demolition of slum houses, thus reducing the time families are compelled to live under extremely poor housing conditions. The redevelopment which is already taking place is directly attributable to the number of houses which have been represented, thus enabling the Local Authority to programme their requirements. The majority of unfit houses in the City are now in Corporation management, but there are several thousand more in private ownership still requiring attention.

In addition to the unfit houses, there are a very large number which at this moment require a considerable amount of maintenance. If this is not carried out quickly and deterioration is allowed to continue, these will eventually reach the stage where representation as unfit is necessary and it is to this class of property that serious attention must be given in order to conserve the stock of houses. There are only two courses of action at the present time open to local authorities, i.e. the abatement of nuisances under the Public Health Act, 1936, or the service of notices under Parts II or III of the Housing Act, 1957. It is realised that the introduction of new legislation will create many difficulties, particularly in enforcement, but unless something is done a slum clearance problem will be created of considerable magnitude in the next 10 to 20 years. In such legislation it will obviously be necessary to provide the owners of property with means to obtain money for the purpose of securing proper maintenance and this could be done by the making of conditional grants or by making it possible to obtain cheap loans.

The re-organisation of the Department, referred to elsewhere in this Report, has resulted in a reduction of the number of unfit houses represented under Parts II or III of the Housing Act, 1957, but as adjustment becomes effective it is hoped to be able to speed up the rate of inspections and subsequent action.

As well as those unfit houses for which demolition is the most satisfactory remedy, there are many unfit houses capable of being made fit at reasonable cost. Where such houses are found it is the duty of the Local Authority to serve notices on the owners requiring them to render the

premises fit. Inspections of houses in this particular group are being carried out and it is intended that these shall be accelerated during the coming year. The number of houses made fit by this means in 1967 was 70.

During the year, the Ministry of Housing and Local Government asked the Department to assist them by releasing a number of Inspectors to help in the carrying out of two Housing Conditions Surveys, one national and one local. Three Inspectors were seconded for this purpose and the Ministry expressed great appreciation of their work.

Clearance Areas

In the 21 Clearance Areas declared during this year, 294 houses were included, bringing the total number of houses represented since 1955 to 29,507.

Compulsory Purchase Orders, Clearance Orders, Public Local Inquiries

Eight Public Local Inquiries were held covering 43 Orders which included 538 houses. "Principal Grounds" setting out the main reasons why the Local Authority had decided to include properties in Housing Compulsory Purchase Orders were supplied to 209 owners or their representatives. In each case an objection had been lodged on the grounds that the house was not unfit. Again this year the small number of objectors or their professional representatives appearing at Public Local Inquiries to support their case against the Council is perhaps an indication that the objections are only formal and the Council's view that the houses are unfit and properly included in the various Orders is not seriously disputed.

In addition to those Orders for which Local Inquiries were held, there were 19 Orders to which owners made no objection. The houses covered by these Orders numbered 201 and were visited by Inspectors from the Ministry who had to be satisfied that the dwellings were properly included before recommending confirmation.

Individual Unfit Houses

Action under Sections 16, 17 or 18 of the Housing Act, 1957, was taken in 77 cases, 25 of which related to houses which had been excluded by the Minister from Compulsory Purchase Orders on the understanding that they would be made fit for human habitation.

The following is a summary of action taken in respect of dwellings officially represented under Sections 16 or 18 of the Housing Act, 1957:

(1)	Houses represented as unfit for human habitation	71
(2)	Owner's undertaking accepted:	
	(*a*) Not to relet for human habitation	4
	(*b*) To make fit for human habitation	33
(3)	Demolition Orders made	6
(4)	Closing Orders made as demolition would affect adjacent buildings	24
(5)	Houses to be acquired by Local Authority	18
(6)	Demolition following making of an Order, or accepting an Undertaking...	6
(7)	Undertaking to make fit, complied with	8
(8)	Parts only of buildings represented as unfit for human habitation	6
(9)	Closing Orders made on parts of buildings	5
	Total number of individual dwellings dealt with between September, 1939 and 31st December, 1967	2,266

The Local Authority, under Section 17(2) of the Housing Act, 1957, purchased five houses and determined to purchase a further 18.

The types of dwelling dealt with under Part II of the Act vary very considerably in construction and condition as is illustrated in the following examples:–

(a) A dwelling situated at the rear of a void shop, in gross disrepair and seriously affected by rising and penetrating dampness. The sanitary accommodation was unsatisfactory and the provisions for the storage, preparation and cooking of food were far below the acceptable standard.

(b) A cottage at the side of a canal, in extensive disrepair and suffering from extensive rising and penetrating dampness.

(c) A basement room used for living and sleeping purposes by a woman and three children. The floor was dangerously affected by dry rot and there was extreme dampness and extensive disrepair.

(d) A two-storey house where the staircase was so extensively affected by dry rot that the lower half had completely disintegrated, making it impossible to gain access to the upper floor.

Repair and Maintenance of houses in Areas

Much credit is due to the Housing Management Department for what they have done to improve the lot of those people who are still compelled to live in properties in Clearance Areas where demolition is yet to take place. The amount of money now being spent on houses of this type which must be retained has been reduced, but this is due entirely to the rapid acceleration in the rate of demolition.

The following information has been kindly supplied by Mr. J. J. Atkinson, the Housing Manager, concerning renovations carried out by his Department:

1. (*a*)	The number of Corporation-owned houses renovated during 1967:–	
	(*i*) In Redevelopment Areas	26
	(*ii*) In Clearance Areas	6,275
(*b*)	Total number of houses renovated up to 31st December, 1967	41,345
(*c*)	Number of houses at which renovation was in progress at 31st December, 1967	1,637
(*d*)	Number of houses in respect of which repair schedules or contracts were prepared or were in course of preparation at 31st December, 1967	273

In April the Public Works Committee resolved to accelerate the slum clearance programme and the phasing was under review during the year. This has brought hope to thousands of families still forced to live in the remaining old worn-out houses in the five redevelopment areas, and also to those in houses which have been declared unfit but acquired by the Corporation for deferred demolition. The rate of house building has enabled the Housing Management Committee to undertake vast programmes of rehousing and brought forward the date of demolition. This means a reduction in complaints of unsatisfactory living conditions but, nevertheless, many complaints continue to be received in the Department from tenants hoping to secure repair to their homes, or to receive priority rehousing on grounds of unsatisfactory living conditions. These are investigated by public health inspectors and the attention of the Housing Manager is drawn to any appropriate cases. During the year, 1,649 such cases were referred to his Department.

The rephasing of the programme has created problems in trying to assess the prospective life of property with a view to repair and/or improvement. Property owners have expressed feelings of uncertainty in programming the reconditioning of old properties, and this may account for a slackening in what had been a continuing increase in the number of applications received from landlords to improve older houses.

The extensive clearance and demolition work has attracted persons to dump refuse on sites. Apart from the anti-social aspect of this practice, nuisances arise from time to time and rats are attracted to feed and breed, to the annoyance of the remaining population. The Salvage Department has been most helpful and co-operative in removing offensive material from cleared sites.

Advice to Enquirers

Enquiries for information on the possibility of Housing Act action numbered 28,749, averaging 115 per working day. These enquiries were made by telephone, letters or callers to the Department. They included many requests from the City Treasurer for information concerning houses for which loan applications had been received, and also requests for investigations to be carried out in cases where it was suspected that the terms of the mortgage agreement were not being complied with.

Houses in Multiple Occupation

The second year of operation of the new registration scheme has demonstrated its effectiveness in checking the unregulated spread of intensive multiple occupation, the evils of which are no longer so evident. A further 58 applications were received for the registration of houses newly intended to be used in multiple occupation bringing the total received, so far, up to 110. Under the City of Birmingham (Registration of Houses in Multiple Occupation) Scheme, 1965, houses must be registered if they are:–

(a) Houses in which, on the 1st January, 1966, there were either more than two separate occupancies (including that of a person having an estate or interest in the whole house) or more than four individual lodgers – this is defined in the Scheme as a '1961 Act house'.

(b) Houses in which, after the 1st January, 1966, it is intended there shall be either more than two separate occupancies (including that, if any, of a person having an estate or interest in the whole house) or more than four individual lodgers – this is defined in the Scheme as a '1965 Act house'.

The registration of '1961 Act houses' is automatic on application and supplying of the necessary information particulars. The registration of '1965 Act houses' is not automatic and may be refused.

The following is a summary of action taken during the two years since 1st January, 1966 when the Scheme came into operation:–

'1961 Act houses' registered (i.e. those already occupied so as to be registrable at 1st January, 1966)			3,884
'1965 Act houses' (i.e. those intended to be newly let in multiple occupation)			
(*a*) Registration approved			33
(*b*) Registration refused			
(*i*) House unsuitable	21		
(*ii*) Use detrimental to locality	17		
(*iii*) Unsuitable person in control	Nil		38
(*c*) Applications not proceeded with			20
(*d*) Applications pending at end of year			19
Total of applications			110

Legal action taken under the Scheme during this period involved the following cases:–

Failure to register '1961 Act houses'	88 cases
	£335 fines
Failure to supply information and the establishing of '1965 Act houses' in contravention of the Scheme	10 cases
	£127 fines

There was one appeal against refusal to register a '1965 Act house' and here the Corporation had rejected the application on the grounds that the house was situated in a locality the amenity or character of which would be injured by such letting or occupation. This rejection was based on action which had already been taken by the Corporation against the previous owner of the property under the Town and Country Planning Act, 1962. When the case was heard in the County Court, the judge ruled that the mere use of one house in multiple occupation would not so injure the amenity or character of the locality and he allowed the appeal notwithstanding the fact that enforcement notices, under the Town and Country Planning Act, 1962, to cease the use, were in operation. The judge's views were also in conflict with previous planning decisions affecting other houses in the area which had been supported by the Minister of Housing and Local Government under planning appeal procedure. This conflict of views which may arise from the duplication of appeal procedure seems most undesirable and if, as proposed, registration of houses in multiple occupation is to be introduced with general legislation then any new legislation should be so phrased as to avoid this. It should be noted that the appellant in this particular case, gained no benefit from his appeal as the planning enforcement action was pursued to stop the use.

A further reduction in the number of houses in multiple occupation resulted from action taken under planning legislation and during the year another 101 premises were referred to the City Engineer, Surveyor and Planning Officer for consideration under the Town and Country Planning Act, 1962, bringing the total so far referred to 551 premises in respect of which the following action has been taken:–

Number of premises in respect of which enforcement action to discontinue was authorised	255
Number of premises where the use in multiple occupation has ceased	215
Number of premises in respect of which no planning action was taken (use established or no change of use)	188

In 53 cases the user appealed to the Minister against the enforcement action to discontinue, but 21 were withdrawn. Of the 25 heard so far, 17 appeals were dismissed, five were allowed and the decision on three is awaited.

Conditions in houses in multiple occupation in certain areas of the City continued to give rise to concern and statutory action was again necessary during the year, details of which follow:–

	Number of premises
Notice under Section 170 of the Housing Act, 1957 to ascertain details of ownership	35
Notice of intention to make a management order	82
Management order made	67
Notice of intention to give a direction to limit occupants	205
Direction given	208
Notice under Section 15 of the Housing Act, 1961 to require facilities	138
Notice under Section 90 of the Housing Act, 1957 to abate overcrowding	18
Notice under Section 14 of the Housing Act, 1961 to make good neglect of proper standards of management	123
Notice under Section 19 (9) of the Housing Act, 1961 requiring information re. occupancies	323
Direction varied to permit an increased number of occupants	27

This statutory action is merely the recorded part of what is a continuous and long campaign being waged by public health inspectors and involving much time consuming discussion, persuasion and encouragement in order to produce improvement. It is felt that the problem is being contained but this alone is not enough and consideration must be given now to speeding up the process of urban renewal and redevelopment so as to include some of the areas of concentrated multiple occupation. In this City only a very small proportion of multi-occupied property could be declared unfit by present Housing Act standards but if deterioration occasioned by over-occupation continues this may not always remain so. Concentrated multiple occupation increases the strain on the environmental and essential services, and in certain localities, while there may not be danger, it could be claimed that because of the work load carried the standard of services such as health, education, welfare, available to the individual is below that which he might enjoy in another locality. It is necessary, therefore, to do some re-thinking on development. At the same time, consideration could also be given to the wider use of the compulsory purchase powers contained in Part V of the Housing Act, 1957. If selective purchase was made and improvements and maintenance effected to some houses in an area of concentrated multiple occupation, this, by example, might do much to stimulate similar improvement by private owners. In certain areas such action on a wider scale seems essential in order to prevent near slum conditions prevailing and to secure that houses suitable for multiple occupation or conversion become a housing asset to the area rather than a liability.

The approach to the problem must be more positive, the present actions are palliative in nature and only deal with multiple occupation after it has been developed. Multiple occupation is not necessarily an evil in itself – it meets current needs and often provides comparatively satisfactory accommodation. Some houses are not suitable for multiple occupation in any circumstances; others may be capable of providing satisfactory accommodation for some sections of the community and for some people, such as young, single, or elderly people who wish or have to live alone in a self-contained dwelling. It would not be satisfactory, however, for families with children. It would seem desirable, therefore, to assess and take decision on the part multiple occupation could play in the future pattern of housing rather than to leave it to develop in its own way.

To summarise the action taken by this Department since the coming into operation of the Housing Act, 1961, until the end of 1967, the following details are given:–

	Number of premises
Directions given to limit occupants	2,008
Management orders made applying Management regulations ...	1,040
Notices served requiring provision of facilities under Section 15 of the Housing Act, 1961	1,547
Control orders made and houses taken over in order to protect occupants under Section 73 of the Housing Act, 1964 ...	4
Legal proceedings in respect of failure to maintain proper standard of management to abate nuisances and over-crowding to provide information and rent books, and offences against direction limits;	
Number of cases	2,469
Penalties imposed:	
Fines	£18,085
Imprisonment	1 case–2 months
Work carried out by Department at default or request, to comply with notices served under the Public Health and Housing Acts	
Jobs completed	1,167
Cost of works	£85,943

It is common to associate multiple occupation with immigration and investigation shows that this is justified, for well over half of registrable houses in the City are occupied or owned by immigrants. The standards of management, over-crowding or amenity prevailing in multiple occupied houses owned by immigrants has been much below that required by the legislation in this country. Almost all the Department's statutory and legal action taken during the past six years has been in respect of immigrant occupied or owned houses and over 80 per cent. of this has been where the owner or person in control is of Pakistani or Indian origin. This was commented on in detail in the Annual Report for 1963 and it is sad to have to report that the offender against the legislation and standards affecting houses in multiple occupation still comes, in the main, from this particular class of immigrant.

Housing Improvement and Improvement Grants

HOUSING (FINANCIAL PROVISIONS) ACT, 1958

HOUSE PURCHASE AND HOUSING ACT, 1959

HOUSING ACT, 1964

There was a further drop in the number of applications for grants but in 1967 the total of grants approved was 1,535 which was only slightly below the total of 1,570 in 1966. The total landlord applications dropped by 74, and those from owner-occupiers were 64 less than in 1966.

Landlord applications continued to exceed those from owner-occupiers and amounted to 54 per cent. of the total received.

Applications for Improvement Grants During 1967

DISCRETIONARY GRANTS

	Formal applications received during the year	*Applications approved during the year*			
	Number of dwellings	*Number of dwellings*	*Amount of grant which the Council have decided to pay*		
			£	s.	d.
(*a*) Conversions	50	39	15,535	0	0
(*b*) Improvements by Landlords	11	10	3,004	15	0
Owner-occupiers	9	11	3,351	0	0

STANDARD GRANTS

	Applications		*Grants Paid*						
	Received (No. of dwellings)	*Approved (No. of dwellings)*	*(No. of dwellings)*	*Total Amount £ s. d.*	*Number of amenities provided*				
					Fixed bath or shower	*Wash basins*	*Hot water supplies*	*Water closet*	*Food storage facilities*
Improvements by Landlords	750	810	736	105,228 19 6	1,217	1,242	1,242	1,309	1,007
Owner-occupiers	679	665	607	80,339 19 9					

Three applications for discretionary grants and 33 applications for standard grants were rejected.

During the year inspectors made 10,746 visits to houses in connection with Improvement Grants compared with 12,668 in 1966. A further 3,958 visits were made in connection with Improvement Area action.

Since the first improvement grant was paid in the City in 1952, £1,768,317.2s. 7d. has been paid out in 15,916 grants made up as follows:–

Landlords	4,446	£605,644 19 6
Owner-occupiers	11,470	£1,162,672 3 1
	15,916	£1,768,317 2 7

Approximately nine-tenths of this total (£1,523,513. 15s. 2d.) has been paid since the introduction of the standard grant scheme in 1959.

Since the improvement schemes were operated 18,564 applications have been approved, made up as follows:–

Owner-occupiers	12,937
Landlords	5,627
	18,564

Compulsory Improvements – Tenants' Representations

A further 325 tenants exercised their rights under the Housing Act, 1964 and wrote to the Corporation during the year asking them to use their powers to secure the provision of bathrooms by their landlords. This is encouraging but the total figure of 786 tenants who have written so far since the introduction of the Housing Act, 1964, is a very small proportion of the number of tenanted properties which are still without bathrooms. The following statistics show the action taken so far in regard to tenants' representations:–

Representations received (from August, 1964)	786
Rejected (property has insufficient life)	52
Preliminary notices served	397
Satisfactory undertaking received	45
Immediate improvement notices served	323
Properties for which improvement grant applications have been received	320
Improvement work completed	124

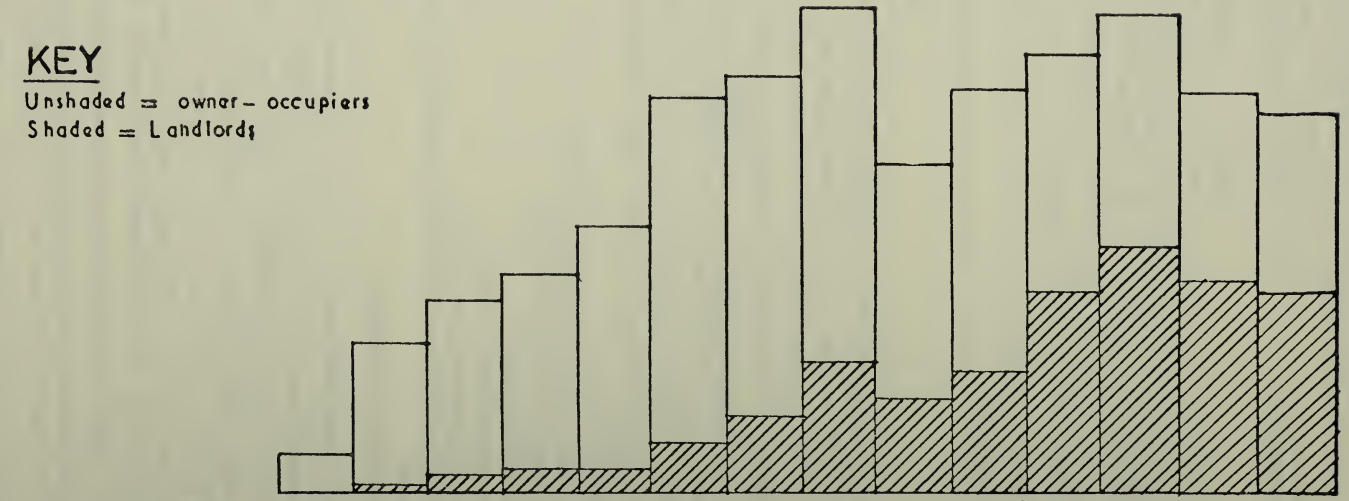
Compulsory Improvements – by Improvement Area Action

The Housing Act, 1964 contains provisions for the compulsory improvement of tenanted dwellings in selected improvement areas. Five such areas were declared during the year bringing the total to 23. The numbers of houses involved in the five new areas amounted to 1,050, of which 327 lacked amenities, 197 being tenanted houses. The persons in control of 187 houses were served with notices under Section 170 of the Housing Act, 1957, for the purpose of ascertaining ownerships and in addition, 441 Preliminary Notices, 59 Immediate Notices, 115 Suspended Notices and 10 Final Notices were served. Eight Notices were withdrawn.

The number of houses improved in improvement areas was 128 and 192 applications for grants were made. Not all the owners of the 128 improved houses took advantage of the grants scheme.

HOUSING IMPROVEMENT GRANTS

APPLICATIONS APPROVED



OWNER OCCUPIERS	167	677	719	825	994	1376	1360	1454	969	1163	984	932	741	688
LANDLORDS	—	26	59	91	90	215	324	498	357	473	809	999	829	811
YEARS	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967

IMPROVEMENT AREAS DECLARED DURING 1967

Title of Area	Total Houses	Tenanted	Owner Occupied	Others	Lacking Amenities	
					Tenanted	Owner Occupied
Dean Road No. 19 ...	341	110	219	12	55	64
Westbury Road No. 20 ...	153	34	117	2	22	21
Bournbrook Road No. 21 ...	126	43	82	1	25	8
Ridgeway No. 22 ...	149	49	100	—	43	11
Selsey Road No. 23 ...	281	78	200	3	52	26
	1,050	314	718	18	197	130

Certificates of Disrepair

A tenant of a house which is subject to control under the Rent Act, 1957, may apply for a certificate of disrepair if the landlord has either failed to carry out repairs which the tenant considers necessary or has declined to give an undertaking in accordance with the Act. Only 45 applications for certificates were received during the year but many calls were made on the Department for advice or help in the procedure to be followed to secure either the abatement of disrepair or a reduction in rent. In those cases where an inspection revealed the existence of a nuisance arising from disrepair, action was also taken under Section 93 of the Public Health Act, 1936.

The following figures indicate the action taken in 1967:–

Part I—Applications for Certificates of Disrepair

1.	Number of applications for certificates	45
2.	Number of decisions not to issue certificates	3
3.	Number of decisions to issue certificates	42
	(*a*) in respect of some but not all defects	25
	(*b*) in respect of all defects	17
4.	Number of undertakings given by landlords under paragraph 5 of the First Schedule	15
5.	Number of undertakings refused by Local Authority under proviso to paragraph 5 of the First Schedule	Nil
6.	Number of certificates issued	15

Part II—Applications for Cancellation of Certificates

7.	Applications by landlords to Local Authority for cancellation of certificates	8
8.	Objections by tenants to cancellation	2
9.	Decisions by Local Authority to cancel in spite of tenant's objections	2
10.	Certificates cancelled by Local Authority	6
	Number of visits made under the Act 256	
	Number of re-visits made under the Act 236	
	Total number of visits 492	

Rent Restriction Acts

The Chief Public Health Inspector is Registrar for the purposes of the Furnished Houses (Rent Control) Act, 1946.

During the year 371 notifications were received from the Rent Tribunal, resulting in 215 entries being made in the Register maintained under the Act. There were 20 certified copies of entries in the Register issued on payment of one shilling in each case.

The Rent Act, 1965, came into force on the 8th December, 1965. Under this Act the Minister of Housing and Local Government is given power to set up Rent Committees, and Rent Officers were appointed.

The few enquiries received relating to the assessment of a fair rent were referred to the Rent Officer.

Abatement of Nuisances

Despite the rapid progress which has been made in the clearance of slums, the Department continues to receive complaints from occupiers of premises relating to the conditions under which they live. Investigation of every complaint is undertaken and often this reveals the existence of a nuisance. In appropriate cases action is taken under Section 93 of the Public Health Act, 1936, to secure the abatement of nuisance and this is followed up, where necessary, by enforcement action through the Magistrates' Court. The procedure has stood the test of time but is somewhat protracted and is now supplemented by powers under Section 26 of the Public Health Act, 1961, which enable the Local Authority to act more speedily and to carry out work at default of the person by whose action the nuisance arises.

During the year a total of 4,138 statutory notices was served, 2,372 of these being under Section 93 of the Public Health Act, 1936.

The total of 4,138 statutory notices was made up as follows:–

Nuisances under Section 93 of the Public Health Act, 1936—dealing mainly with roofs, spoutings, fallen plaster, defective floorboards, broken sashcords and window frames	2,372
Stopped up drains, soil pipes, water closets and private sewers, dealt with under the Birmingham Corporation Act, 1946, as amended by the 1954 Act	720
Urgent nuisances, badly leaking roofs, broken watercloset pedestals, etc., dealt with under Section 26 of the Public Health Act, 1961	550
Provision or improvement of piped water supply—Section 138, Public Health Act, 1936, as amended by Section 30, Water Act, 1945	131
Yardpaving and drainage—Section 56, Public Health Act, 1936	66
Unsatisfactory drainage—Section 39, Public Health Act, 1936	278
Filthy or verminous premises—Section 83, Public Health Act,1936	2
Removal of noxious matter, Section 79, Public Health Act, 1936	7
Byelaw infringements—nuisances	3
Replacement of earth closets, etc.,—Section 47, Public Health Act, 1936	5
Additional water closets—Section 44, Public Health Act, 1936 ...	3
Provision of water closets—Section 39, Birmingham Corporation Act, 1935	1
	4,138

Urgent Nuisances

The powers contained in Section 59 of the Birmingham Corporation Act, 1946, continue to be used to require the clearing of obstructed drains, waste pipes and water closets. The powers are similar to those in Section 22 of the Public Health Act, 1961, but work can be carried out at default of an owner after 24 hours' notice compared with 48 hours required by the 1961 Act.

Action was taken as follows:–

Birmingham Corporation Act, 1946 – Section 59.

(Defective drains requiring urgent attention)	
Total number of notices served during 1967 (involving 570 jobs)	871
Work carried out by owners in specified time	324
Orders given by this Department in default of owners' compliance	214
Orders given by this Department at request of owners ...	32
Total cost of work given to the Department's contractors	£1,662 15 11
Average cost per job	£6 15 2
The maximum charge in respect of any job was	£82 1 4
and the minimum was	12 6

During the year notices were served in respect of obstructions in 24 private sewers affecting 185 houses.

For many years action to remedy urgent nuisances has been taken under section 32 of the Birmingham Corporation Act, 1948. Almost identical power is now given in the Public Health Act, 1961, and from the 17th July, 1964, notices were served under Section 26 of the national Act.

Public Health Act, 1961 – Section 26

(Defective houses requiring urgent attention)	
Total number of notices served during 1967 (involving 464 jobs)	499
Work carried out by owners in specified time	250
Orders given by this Department in default of owners' compliance	189
Orders given by this Department at request of owners ...	25
The cost of the work given to the Department's contractors totalled	£3,216 7 8
Average cost per job	£15 0 7
The maximum charge in respect of any one job was	£153 0 5
and the minimum was	12 6

Enforcement Section

The legal enforcement of statutory obligations in carrying out the requirements of the various Acts of Parliament, regulations, byelaws and orders delegated to the Health Committee by the Birmingham City Council, and arranging execution of all works necessary to comply with the requirements of various statutory notices served under these Acts of Parliament at the default and by agreement with the owners and occupiers is carried out by this section of the Department.

Enforcement action is taken under the Public Health and associated Acts and byelaws; the Housing Acts of 1957, 1961 and 1964; the Housing (Management of Houses in Multiple Occupation) Regulations, 1962; the Food and Drugs Act, 1955; the Food Hygiene (General) Regulations, 1960 and 1966; the Food Hygiene (Markets Stores and Delivery Vehicles) Regulations, 1966; The Milk and Dairies (General) Regulations, 1959; Furnished Houses (Rent Control) Act, 1946; Rent Act, 1965; Offices, Shops and Railway Premises Act, 1963; the Noise Abatement Act, 1960; Landlord and Tenant Act, 1962; the various Birmingham Corporation Acts and, in particular, the Birmingham Corporation Act, 1965, together with the scheme for registration of houses let in multiple occupation.

The amalgamation of the various sections of the Department that are now controlled by the Chief Public Health and Housing Inspector, has resulted in legal enforcement of the work of the Food Inspectors under the Food and Drugs Act, 1955, and the Milk and Dairies Section being detailed by this Enforcement Section.

Building works and repairs to houses and properties arranged during the year have covered all aspects of general building works, and have varied from general property repairs of a minor nature, drainage and paving works to extensive works in houses let in multiple occupation and the provision of bathrooms required by outbuilding reconstruction and bedroom conversions.

The total cost of works carried out during the year was £9,572. 19s. 6d.

The following analysis indicates the work undertaken by this section during 1967:–

	Jobs	*Houses*	*Cost* £ s. d.
Section 93 Public Health Act, 1936			
General Nuisances – repairs to defective houses.			
At default of owners – for non-compliance with Nuisance Orders ...	16	16	886 16 6
By agreement	39	51	1,329 4 6
Section 56 Public Health Act, 1936			
Paving of courts, yards and passages.			
At default of owners	4	28	38 8 4
By agreement	2	4	208 12 10
Section 39 Public Health Act, 1936			
Provision of satisfactory drainage.			
At default of owners	29	50	461 9 7
By agreement	6	7	96 15 9

	Jobs	Houses	Cost £ s. d.
Section 138 Public Health Act, 1936 ... (as amended by Section 30 Water Act, 1945, and Section 78 Public Health Act, 1961). Houses already having internal water supply but where supply was insufficient – improvement effected.			
At default of owners	5	27	831 11 4
By agreement	5	22	727 17 3
Section 9 Housing Act, 1957 Repair of unfit houses capable of being rendered fit at reasonable cost.			
At default	3	3	940 18 11
Section 26 Public Health Act, 1961 Repairs to houses to abate urgent nuisances			
At default	1	1	12 0 0
By agreement	1	1	5 14 3
Section 79 Public Health Act, 1936 Removal of noxious matter from premises.			
At default	1	1	1 18 11
Section 14 Housing Act, 1961 Works required to make good neglect of proper standards of management of houses in multiple occupation			
At default	17	17	2,305 7 4
Section 15 Housing Act, 1961 Works carried out at houses in multiple occupation in providing essential facilities and amenities for the occupants.			
At default	10	10	488 0 3
Section 59 Birmingham Corporation Act, 1946			
At default	1	1	3 0 0
Section 19 Housing Act, 1964 Provision of bathrooms, water closets, together with other amenities by outbuilding and bedroom conversion			
By agreement	4	4	1,235 3 9

The institution of all legal proceedings undertaken by this Section of the Department in liaison with the Town Clerk's Department is a most important function. The Enforcement Officer is present each week at the proceedings at Victoria Law Courts to advise and assist the Corporation's prosecuting solicitor. This is now an exacting necessity, as the majority of the defendants now appear or are legally represented at Court and keenly contest each individual case. The number of cases dismissed and lost by the Department during the year were very few indeed, and the many successful cases taken reflect great credit on the Corporation officials concerned.

Legal proceedings were instituted during the year in 564 instances, and the summonses issued and fines imposed are set out in the following analysis:–

Summonses taken out during 1967		*Fines* £ s. d.
Public Health Act, 1936		
*General Nuisances	135	—
Disobeying nuisance orders	1	—
Section 89: failure to provide sanitary convenience	1	5 0 0
Public Health Act, 1936, as amended by Noise Abatement Act, 1960	7	14 0 0
City Byelaws		
Dogs fouling footway	3	7 0 0
Furnished Houses (Rent Control) Act, 1946		
Sections 4 and 9	1	10 0 0
Shops Act, 1950		
Section 47: Sunday Trading	1	5 0 0
Food and Drugs Act, 1955		
Section 2: Food not of nature demanded ...	1	20 0 0
Section 8: Food unfit for human consumption ...	3	75 0 0
Milk and Dairies (General) Regulations, 1959		
Reg. 27 (1): Dirty milk bottle	1	25 0 0
Noise Abatement Act, 1960		
Section 2(3): Ice cream chimes	5	25 0 0
Housing Act, 1957		
Section 90: Overcrowding of houses let in multiple occupation	1	20 0 0
Section 170: Requiring information as to ownership of premises	9	—
Housing Act, 1961		
Section 19(2): Direction to prevent or reduce overcrowding of houses let in multiple occupation	55	1,265 0 0
Section 19(9): Statement requiring number of lets to families and individuals in houses let in multiple occupation	21	30 0 0
Birmingham Corporation Act, 1965 and Scheme		
Section 22: Registration of houses let in mutliple occupation:– "1961 Act Houses" ...	55	143 0 0
"1965 Act Houses" ...	6	40 0 0
Housing (Management of Houses Let in Multiple Occupation) Regulations, 1962		
Failure to maintain a good standard of Management	103	716 0 0

			Fines
			£ s. d.
Landlord and Tenant Act, 1962			
Sections 1 and 4		12	55 0 0
Housing Act, 1964			
Section 65(1):	Failure to execute works under Section 14 of the Housing Act, 1961.	9	160 0 0
	Failure to execute works under Section 15 of the Housing Act, 1961 ...	5	55 0 0
Offices, Shops and Railway Premises Act, 1963		35	178 0 0
Food Hygiene (General) Regulations, 1960		94	563 0 0
		564	£3,411 0 0

*The Magistrates made nuisance orders in 39 cases. In the others the work was completed by the time of the Court hearings.

During the year, the Enforcement Section has become increasingly involved in negotiations with the owners and their representatives over the question of disputes and claims arising out of the institution of proceedings to recover outstanding debts for works executed at the request and default of these owners.

Such negotiations have entailed many hours in site meetings at the properties concerned and the measurement, cost and pricing of works previously executed by this Department's building contractors.

It is satisfying to note that, in all instances, the costs of works carried out by this Department's building contractors have been fully justified and it is felt that this procedure has helped in reaching satisfactory settlements in a number of outstanding debts.

The costing carried out by the Enforcement Officers, has been accepted by the professional representatives of the various owners, on each occasion.

Appeal Against Immediate Improvement Notice

During the year an appeal of unusual interest was made to the County Court against the requirements of an Immediate Improvement Notice served under the provisions of the Housing Act, 1964, which required the improvement of the house by the provision of a bathroom. This was required by outbuilding reconstruction and conversion, together with a wash hand basin, a water closet, a supply of hot and cold water, and a foodstore ventilated to the external air. The grounds for the appeal were that the Corporation had refused unreasonably to approve the execution of alternative works in that the works specified in the notice were otherwise unreasonable in character or extent. This means simply that the

owners of the property considered that the provision of a bath, wash hand basin, with a supply of hot and cold water should be made by providing a bathroom and water closet in one of the bedrooms.

At the hearing in the Birmingham County Court evidence was given that the house was occupied by two elderly ladies on a joint tenancy controlled by the Rent Act, 1957, who had lived there for 60 years and that they had occupied the same bedrooms during that period; and for various domestic reasons desired a bathroom by outbuilding conversion.

Their wishes had been made very clear at the 'Time and Place' meeting which took place after the service of preliminary notices which gave all interested parties an opportunity to appear before representatives of the Health Committee to fully discuss the proposals.

A representative for the owners attended this meeting and stated that there was no objection to the provision of a bathroom, but pointed out that the house was occupied by two elderly sisters and that they could spare one of the three bedrooms to be converted into a bathroom.

One of the tenants stated that she and her sister did not wish to have a bedroom converted and said that her sister, owing to illness, frequently had her bed downstairs for the ease of nursing and it would be of greater convenience for the bathroom to be downstairs. They also required the third bedroom as guests frequently stayed with them.

The various points raised were carefully considered and an Immediate Improvement Notice requiring the provision of a bathroom by outbuilding conversion was served.

The cost of providing a bathroom by outbuilding conversion compared with converting a bedroom would naturally be very much greater, but would result in three bedrooms being available for occupation. An outbuilding conversion would also more enhance the value of the property.

Facts were also given that there were tens of thousands of houses in the City and if in each case a bedroom conversion was made the City would lose tens of thousands of bedrooms and this was an important reason for outbuilding conversions.

Another fact was who would finally pay for the improvements ? The landlord would obtain a grant of half the total cost of the improvements, and the landlord is entitled to charge an increased rent of $12\frac{1}{2}$ per cent. of his net cost which means that over a period years the landlord would have recovered his capital cost together with a reasonable rate of interest, thus it is the tenant of the house that ultimately pays the cost of the improvements.

His Honour the Judge stated that if only question of costs was the case, it would be unfair for the Corporation to require a bathroom by outbuilding conversion.

The Judge gave considerable weight to the evidence of the tenant 81 years of age who had lived in the house for 60 years and who stressed that for various domestic reasons the provision of a bathroom by outbuilding conversion was desirable and stated that it would be unfair for a lady of this age who had occupied the same bedroom for 60 years to give it up.

Another point of consideration was the loss to the City of bedrooms by a bedroom conversion.

He further stated that the added cost in providing the outbuildings conversion was not unreasonable, and that it enhances the vacant possession value as a three bedroomed house.

He accordingly dismissed the appeal.

During the year, for the first time, five cases were taken by the Department under the Noise Abatement Act, 1960, for serious noise nuisances fromloud speakers relaying chimes on vehicles selling icecream.

Section 2 of the Noise Abatement Act, 1960, restricts the use of loudspeakers in a street but allows sounds not words from an electrically operated instrument to be produced through a loudspeaker from a vehicle which is selling perishable goods, including ice-cream for human consumption, to inform members of the public that such goods are being sold. Such loudspeakers may be sounded only between 12 noon and 7.0 p.m. and provided that these sounds are operated so as not to give reasonable cause for annoyance to persons living in the vicinity. In each of the prosecutions taken the playing of these chimes occurred at night well outside the permitted hours.

The City Magistrates found the cases proved and imposed fines of £5 in each case.

Common Lodging Houses

It is the duty of every local authority to maintain a register of all established common lodging houses within their district. This record is required by the Public Health Act, 1936, and must contain entries which detail the full names and addresses of all persons registered as "keepers" and similar information regarding any persons who are to act as "deputy keepers". Information must also be recorded as to the situation of every such lodging house and the maximum number of persons authorised to be accommodated therein.

Four such premises were registered for the year, providing a total accommodation for 363 men only.

Routine inspections are carried out both by day and by night to ensure that no infringements of the Public Health Act, 1936, or byelaws

made thereunder occur. Public health inspectors made 55 visits during the course of the year, details of which are as follows:–

Day visits	9
Night visits	43
Special visits	3
	55

The above inspections revealed that there still remains a positive demand for this type of accommodation within the City and in most cases the hostels were fully occupied.

Reference to earlier reports will show, that as the pace of redevelopment has accelerated in the City, so the number of registered hostels has steadily decreased to the present low level of beds available. On this point, it is gratifying to learn that the Salvation Army has been granted planning permission for the erection of a men's hostel in the City Centre providing 187 beds. The provision of this building will be the subject of a grant from the Birmingham Corporation and the standard of accommodation to be provided will be considerably higher than that required by the current legislation.

In view of the urgent need for accommodation of this category in the City, this Department welcomes the proposal and hopes it will not be long before the hostel is functioning.

Tips and Tipping

A total of 482 visits was made to established tips during the year in order to see that the City Byelaws in respect of tipping were being observed. Some complaints were received and in one instance a memorial was presented by residents living in the vicinity. The tip in question had long outlived its usefulness, and as it was on land acquired by the Corporation, steps were taken to level off and cease the operation of the tip.

A second tip, which had been newly established in 1966, gave further trouble when tipped chemical waste reacted with surface water to give off offensive odours. The removal of the water solved the matter. In a third case the depositing of dried sludge which had been carried out over a number of years gave cause for complaint concerning the height of the deposits and a nuisance from dust. The co-operation of the drainage authority was obtained and the depositing was transferred to an area away from the recent residential development. In two cases protests were received when tipping was resumed and intensified at sites which had been dormant for some time. The reaction of nearby residents is understandable, but in each case further tipping and levelling of the land was needed and helped the unsatisfied demand for such tipping facilities within the City.

Complaints were received fairly regularly of the depositing of rubbish and discarded articles on vacant sites and action was taken to deal with those likely to be prejudicial to health. The bulk of the complaints were referred to the Public Works Department for consideration of action under the Town and Country Planning Act, 1962, as conditions might be considered detrimental to the amenities of the neighbourhood.

Canal Boats

During the year 1967, the number of boats inspected within the City area was 114 and the number of inspections each quarter was as follows:–

1st Quarter	*2nd Quarter*	*3rd Quarter*	*4th Quarter*
36	28	20	30

The 114 boats inspected were registered for the accommodation of 348 persons and when inspected were found to be carrying 73 men, 81 women and 46 children, a total of 200 persons.

All the boats were in good condition and conforming with the Act and Regulations. No complaint notes were issued during the year and four were brought forward from 1966, leaving an outstanding balance of four. It has not been necessary to take any legal proceedings under the Public Health Act, 1936, and the Canal Boat (Amendment) Regulations, 1925.

No cases of infectious disease affecting canal boat personnel were reported during 1967.

The total number of boats now registered in Birmingham is 104, 61 being motor boats and 43 ordinary boats.

Prevention of Damage by Pests Act, 1949

This Act places an obligation on all occupiers of land (land including premises) to notify the Local Authority of the presence of rats and mice. The local authority is responsible for the enforcement of Part I of the Act.

Notifications of infestations were received by telephone, letter, etc., and totalled 9,542 during the year. Once again, the months of April, May and June provided the largest number of complaints received, May being the highest with 1,048 complaints. This gives weight to the oft repeated statement that the spring of the year is the peak breeding season for the rat.

Comparative figures for notifications received during recent years are as follows:–

1963	*1964*	*1965*	*1966*	*1967*
8,500	9,324	8,821	10,280	9,542

Detailed inspections of the complainants' premises are made and in a large number of instances the adjoining properties are inspected – frequently the basic cause of the infestation is found to be some distance away from the original complainant's premises. Every effort is made to find this "basic cause", particularly where the infestation has arisen inside the many different types of premises encountered. It is obvious that

rats inside houses, shops, flats, etc., must be given priority, and in these instances the combination of treatment and rat-proofing measures is carried out, which in the majority of cases, leads to a permanent cure and removal of the infestation.

Numerous complaints of rats in gardens and rats crossing gardens are received each year and, in the main, the occupiers of the premises give encouragement to rat infestations by feeding the birds. With this type of infestation it is common to find one occupier providing harbourage for rats – beneath sheds, etc., – and his neighbour providing an ever ending supply of food – bread for the birds.

In 1967, in common with the previous years, provided the usual quota of difficulties with infestations in multi-occupied premises. An efficient treatment is virtually impossible due to a number of rooms being kept locked whilst the occupants are out at work, and in other instances many immigrants will not permit the operator access to their rooms and ask the operator to give them the poison so that they can use it themselves. The amount of refuse at some of these types of premises, particularly in the gardens and dustbin areas, gives every encouragement to rat infestations; often there being more refuse around the dustbin and yard than there is in the dustbin.

Comparative figures for inspections of all types of properties during the past three years are as follows:–

1965		
Original visits	12,067	15,638
Re-visits	3,571	
1966		
Original visits	13,627	17,254
Re-visits	3,627	
1967		
Original visits	12,007	13,893
Re-visits	1,886	

It is not very common, nowadays, to encounter extremely large infestations in properties; in fact, very few major infestations have been dealt with.

Treatments

All purely domestic premises are treated free of cost to the occupiers, but in the case of industrial premises of all types, a charge has to be made. The regular inspection and treatment (if found necessary) of various types of industrial premises has worked very well once again. Any treatment that has to be carried out after these regular inspections is the subject of a charge, and similarly, if any ratproofing measures are required, the maintenance staffs of the premises carry out the work required immediately. The treatments of infested premises cover every type of property encountered in the City.

As a result of the inspections, after the receipt of complaints, treatments carried out were:–

	Infestation	
	Rats	*Mice*
1967	7,064	1,654

Rat Proofing of Premises

This all important aspect of rodent control work is of paramount importance, particularly where the infestation is prevalent inside any type of property. It is commonplace for tenants of new houses, flats,etc., to experience rat infestations in the roof spaces, bathrooms and kitchens. In the majority of instances the rats have obtained access to the premises due to defects in construction, not only of the brickwork, etc., but of the drainage. This applies equally to municipal and private development. Emphasis has been laid in previous reports on the numbers of infestations arising on redevelopment areas, due to the old drainage systems of demolished properties being left in the site. Similarly, defects in the new drains of these sites have been found, i.e. uncapped rodding eyes, in the main, which seems to indicate a need for stricter supervision on all drainage construction.

Salvage Department Destructors

There are six of these depots dealing with the disposal of refuse in the City. This type of premises is always liable to rat infestation and has, in the past, supported extremely alarming rat infestations. Over the years these rat populations have been very considerably reduced in numbers and nowadays are more or less confined to particular places such as hoppers at the Montague Street Depot. The staff of the depots are very rat conscious and are very quick to inform the Department of any undue rodent activity in any part of the depots. Inspection follows immediately, together with treatment.

Sewer Treatments

None of the sewer lengths in the City was treated, due to lack of staff, and pending re-organisation of the environmental services.

The Rag Flock and Other Filling Materials Act, 1951

At the end of 1967, four premises were licensed under the above Act, all for the storage of rag flock. The number of registered premises decreased to 53 during 1967.

Six samples were taken in 1967, of which three proved unsatisfactory.

Rag flock	1	Jute	—	Coir fibre	—
Washed flock ...	—	Synthetic fibres ...	—	Algerian fibres ...	2
Cotton felt... ...	3	Hair...	—	Fibre (not classified)	—
Cotton millpuff ...	—	Feathers or down ...	—	Sisal pads	—
Woollen felt ...	—	Kapok	—	Woollen flock ...	—

The informal sample of rag flock, which was unsatisfactory, had a chlorine content of 42 p.p. 100,000 as compared with the maximum of 30 p.p. 100,000 allowed by the Regulations. The formal sample, however, which was subsequently taken, conformed to the Regulations.

Informal samples were also taken of grey algerian fibre and white cotton felt, both of which were found to exceed the maximum allowed under the Regulations; the algerian fibre contained 2·8 per cent. insoluble extracted matter against the required 1·5 per cent. whilst the cotton felt had a trash content of 8·0 per cent. against the required 7·5 per cent.

As a result of these findings formal samples were taken of these materials. The analyst's report showed that the grey algerian fibre only, was still unsatisfactory having an insoluble extracted matter of 1·7 per cent. compared with the maximum of 1·5 per cent. permitted by the Regulations.

The firm concerned has been warned that the storing of unsatisfactory materials constitutes an offence under the Regulations and, should future samples prove unsatisfactory, this matter will be brought to the attention of the Health Committee. The firm was further advised to draw its suppliers' attention to this matter.

Supervision of Offices, Shops and Railway Premises

Shops Act, 1950

At the commencement of the year four whole-time Shops Act Inspectors were available to carry out the general routine inspections and the various other duties relating to the retail distributive trade as prescribed by the provisions of the Shops Act, 1950, and the Offices, Shops and Railway Premises Act, 1963.

The work of the Shops Act Inspectors for the year is summarised as follows:–

GENERAL INSPECTIONS

Visits—Shops Act, 1950 (including Sunday and night visits) ...	18,697
Visits—Offices, Shops and Railway Premises Act, 1963	7,549
	26,246

STREETS PATROLLED, SHOPS ACT, 1950

Half-day, night closing and Sunday trading	11,104

OFFENCES REPORTED FOR ACTION, SHOPS ACT, 1950

Half-day closing:	
Sales after closing time	17
Night closing:	
Sales after closing time	8
Sunday trading:	
Illegal sales	17
Warning letters issued in respect of the above mentioned offences	42
Summonses issued	15

Fourteen summonses were issued in respect of contraventions of the early closing provisions and one in request of Sunday trading provisions of the Shops Act, 1950.

All these charges were brought following the service of official warning letters for previous similar offences and in each case a fine was imposed by the Magistrates.

OFFENCES REPORTED FOR ACTION,
OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

Provision of sanitary conveniences (Sect. 9)	1
Provision of washing facilities (Sect. 10)	1
Cleaning of dangerous machinery (Sect. 18)	1
Summonses issued	3

The charges were all proved and in each case a fine was imposed by the Magistrates.

Offices, Shops and Railway Premises Act, 1963

This report covers the third complete year's working under the Act and supporting Regulations. It will be seen that the total number of premises registered at the end of the year had increased by 170 to 13,750. At the same time no less than 596 cancellations have been recorded in the register throughout the year.

The number of inspectors appointed under Section 52 of the Act increased by 11 to a total of 71 at the end of the year. This increase was due to the final qualification of four pupil public health inspectors and the re-organisation of the Public Health Inspectorate which commenced in June, and which made available the services of an additional seven inspectors for these duties.

It must again be borne in mind that the above labour force is not employed solely in the enforcement of the Act and Regulations made thereunder. Such work, in fact, forms only a small part of the statutory and ancillary duties undertaken by the inspectorate. Nevertheless, further progress has been achieved during the year and an additional 3,048 registered premises received their **first** general inspection. This means that 11,628 premises have now been so dealt with, which is equivalent to 84·6 per cent. of all registered premises in the City.

The following statistics show the number and class of premises registered together with the number of general inspections carried out during the year:–

Class of premises	*Number of premises registered at the end of year*	*Number of registered premises receiving a general inspection during the year*
Offices	4,527	784
Retail shops	7,755	1,944
Wholesale shops, warehouses ...	645	142
Catering establishments open to the public, canteens	807	177
Fuel storage depots	16	1
TOTALS	13,750	3,048

The total number of visits of all kinds made by inspectors to these premises amounted to 12,034 for the year and resulted in the service of 850 preliminary notices dealing with the main requirements of the Act. At the same time, the works specified on no less than 973 preliminary notices were completed to the satisfaction of the Department.

An analysis of the above contraventions shows that the greatest number occur under the following headings:–

Section 4 : Cleanliness.
Section 6 : Temperature — particularly non provision of thermometers.
Section 7 : Ventilation.
Section 9 : Sanitary conveniences — lighting and general conditions.
Section 10 : Washing facilities.
Section 16 : Floors, passages and stairs.
Section 24 : First Aid — general provisions.
Section 50 : No Abstract displayed.

The Department continues to deal with a large number of enquiries, on a day to day basis, and much advice and information has been given to architects, surveyors and estate agents, in addition to employers and employees, on specific requirements of the Act and Regulations so far made thereunder.

Information was received on 329 "notifiable" accidents during the year, which is an increase of 25 over the figure of 304 for 1966. It was considered necessary, however, to investigate 123 or 37·4 per cent. as compared with 85 (28 per cent.) in 1966 and 44 (15 per cent) in 1965. Information was also received on a further 39 accidents which were not notifiable and which had occurred outside registered premises.

The following table shows the various types of registered premises in which the notifiable accidents occurred in 1967, viz:–

Type of Premises	*"Notifiable" Accidents reported*
Offices	48
Shops	159
Wholesale Warehouses	63
Catering	48
Canteens	6
Fuel storage depots	5
TOTAL	329

Infectious Diseases

Visits made by public health inspectors in connection with enquiries into cases of food poisoning and certain infectious diseases totalled 4,993 for the year; this figure includes those visits made to obtain specimens for bacteriological examination.

A further 2,917 visits were made to the homes of newly arrived long-stay immigrants, bringing the total number of visits for the year up to 7,910. These visits to immigrants were made in pursuance of the scheme brought into operation in 1965 at the request of the Ministry of Health. Under the scheme newly arrived immigrants are visited by a public health inspector as soon as possible after arrival in the City and are advised to register with a general practitioner and, if over fourteen years of age, to have a chest X-ray at the Chest Radiology Centre. This new duty takes up a considerable amount of the time of both the inspectorial and administrative staff but the operation is considered worthwhile if it helps to reduce the incidence of tuberculosis amongst immigrants. The difficulties mentioned in the last two reports have again been encountered in that a number of the Birmingham addresses given by the immigrants as they pass through the ports of entry have been found not to exist or, in cases where they do exist, the occupants claim no knowledge of the immigrants concerned. In other cases the immigrant has stayed at the Birmingham address for only one or two nights and then, before the inspector can visit, has moved on to some unknown address or even to another town.

At the end of each quarter a statistical return has to be submitted to the Ministry of Health giving the number of advice notes received from the ports and the number of successful visits made. During the year advice notes were received in respect of 1,950 long-stay immigrants and 1,489 successful visits were made.

Disinfestation and Disinfection

The Disinfecting and Cleansing Station is situated fairly centrally at Bacchus Road. The station operates under the supervision of a Depot Superintendent who reports daily to the Chief Public Health and Housing Inspector. All complaints of infestation received by the Department from occupiers of domestic and business premises are promptly investigated by the public health inspectors. Such complaints refer to infestations by bugs, fleas, flies, cockroaches, blackbeetles, crickets, ants, etc., and following investigation, the necessary arrangements for treatment are made with the Depot Superintendent.

During the year, 1,288 houses received such treatment as compared with 1,253 in 1966, representing a slight increase of 35 treatments. In addition to this work, many treatments have been carried out in business premises, including hospitals, licensed houses and restaurants, public baths, factories and schools. Steam flies and cockroaches proved to be the main siurce of infestations occurring in food preparation premises and kitchens.

The number of separate treatments involved amounted to 216 for the year, making an increase of 30 over the year 1966.

Charges are not made for treatments to domestic premises but appropriate accounts were submitted in other cases, based solely on the cost of labour and materials used.

Services to the Tuberculous

Six houses were disinfected following the removal of patients to chest hospitals or into new housing accommodation. Nine houses were treated in 1966.

The delivery and collection of complete bedding units for tuberculous patients is also undertaken by the depot staff. This service resulted in the delivery of 30 units and the collection of a further nine units for disinfection prior to re-issue.

Disinfection

The Department continued to assist certain aged persons who were incapable of maintaining a reasonable standard of cleanliness in their homes. This service is given free of charge and 33 houses were cleansed, including the removal of rubbish. In addition, 62 beds together with bedding, were removed for destruction.

The steam disinfection plant was again kept in constant use mainly for the disinfection of large quantities of bedding, blankets and clothing. Charges were rendered to appropriate authorities, where applicable, on the basis of 15/–s. per "stove", which represents one complete operation of a steam disinfector. The above work amounted to 1,939 complete

stoves for the year, which is a considerable increase over the figure of 1,525 for 1966. These figures confirm the continuous working of the plant throughout the year.

Clinic Treatments

Bathing facilities for the cleansing of scabies cases and verminous persons are available centrally at the Cleansing Station. The clinic remains open until 1715 hours during the week, except Saturday, when it closes at 1200 hours. No treatments are provided on Sunday.

Details of those carried out in the year are as follows:–

Bacchus Road Clinic (men)

	Scabies	*Body Lice*	*Pubic Lice*	*Head Lice*
Men	1,298	159	90	1
Boys	251	—	—	—
Second treatments	16	—	—	—
Total	1,565	159	90	1

Bacchus Road Clinic (women)

	Scabies	*Body Lice*	*Pubic Lice*	*Head Lice*
Women	1021	8	14	55
Girls	923	—	—	
Boys	619	1	—	36
Second treatments	9	—	—	—
Total	2,572	9	14	91

Children referred to in the above figures were treated at the same time as their mothers.

Scabies has greatly increased in incidence in recent years, as the following table shows.

Year	*Treated by the Health Department*	*Treated by the School Health Service*	*Total*
1963	984	307	1,291
1964	1,098	408	1,506
1965	1,684	435	2,119
1966	2,524	746	3,270
1966	2,524	746	3,270
1967	4,112	686	4,798

This is also the case in other parts of the country, the reason for the increase being unknown.

Bathing of the Aged and Infirm

The facilities provided for the bathing of the aged and infirm were once again extensively used. These aged folk were collected from and returned to their homes in Corporation transport under the care of a health visitor. During the year 966 baths were provided for women and 391 for men, making a total of 1,357, which is near to the figure of 1,407 for 1966.

Burial of the Dead and Exhumations

During the year three licences were issued by the Secretary of State, Home Office, for the removal of human remains from graves in the City for re-interment elsewhere. Copies of these licences, when issued, are sent from the Home Office to the Medical Officer of Health for the area and in each case a public health inspector attended the exhumation to ensure that it was effected with due care and decency and without risk to public health.

In the autumn the Public Works Committee undertook the clearance of a disused burial ground known at Park Street Gardens. The operation of the removal of the human remains was supervised by inspectors; the remains of 543 persons were removed.

SEWERAGE AND DRAINAGE

Mr. Neville Borg, City Engineer, Surveyor and Planning Officer, has kindly provided the following information upon the investigations and sewerage works undertaken during the year by the Public Works Department.

River Works and Prevention of Surface Water Pollution

The general trend has been to implement and consolidate where possible the proposals contained in last year's report. The amenity feature between the Cotterills Lane Development and the River Cole is now virtually completed and further river improvement works downstream of this site have been commenced. The improvement of the River Cole at Greet is also included in the contract for the latter work and work will be started soon between Forman's Road and Warwick Road. The Trent River Authority have at last received Grant Approval to their proposed improvement works on the River Cole downstream of Cole Hall Lane. When this work is done the long-standing complaints of flooding of gardens by the residents of Maryland Avenue should cease.

The Sewers and Rivers Department carried out during the summer of 1967 a biological survey or the Rivers Rea and Cole. The most important fact to emerge was that the more significant pollutions of the Rivers Cole and Rea are caused by direct discharges. Control of these however, lies with the Trent River Authority and representations have been made to them. This first survey showed that the River Rea is in a better biological condition than the River Cole and is capable of supporting, albeit precariously, fish life in the middle reaches. The pollution of the River Cole starts in its head waters outside the city and the only remedy is the elimination of the Houndsfield Lane Sewerage Works following the future extension of the Cole Valley Eastern Outfall Sewer by the Upper Tame Main Drainage Authority.

It is intended that further surveys will be carried out annually and it is hoped that these will show the measure of surface water control achieved and provide guidance for the construction of the lakes associated with the river walkways mentioned in the previous report.

The first of the surface water retention tanks to be constructed in the City has been completed at Primrose Hill and it is hoped to assess its performance in the coming year.

Trade Effluent Control

The process of trade effluent control has continued with 74 new firms being brought under control during 1967. In the same period 69 firms have ceased to discharge trade effluent to the City sewers. In order to control these firms within the City 13,449 samples of effluent have been taken and analysed during the last year compared with 10,811 in 1966. In order to

treat industrial wastes to a standard acceptable for reception into the city sewers 102 pre-treatment plants have been installed by industrial firms at a capital outlay of approximately £300,000.

A second monitoring station has been installed on the Hockley Main Sewer near the Warley Boundary to supplement the one at the lower end of this sewer. It is hoped that the information obtained from these two stations will enable an accurate assessment to be made of the volume/strength properties of sewage emanating from a predominantly industrial area.

For many years industrialists in the City have been faced with a problem of disposing of industrial sludge produced from their pre-treatment works and the Public Works Department has, over the last few years, experimented with several prototypes of plant designed to reduce this sludge to a disposable "cake". With the co-operation of the Salvage Department a full scale plant capable of dealing with industrial sludge has been designed and installed at the Montague Street destructor works. This plant, which is owned and operated by the Salvage Department, is now providing industry with a valuable service for disposal of these troublesome wastes.

Housing

With the virtual completion of the large housing areas lying within the City at Castle Vale, Bromford Bridge and Druids Heath the main attack is now centred at Chelmsley Wood which lies outside the City. Although the full effect of the housing development on this large site of some 15,000 acres has yet to come, the major portion of the very essential engineering services such as sewerage and sewage disposal, roads and water supply have been completed. The duplication of the Birmingham, Meriden Outfall Sewer mentioned in last year's report is now virtually completed despite difficult working conditions during which high pressures of compressed air had to be used to balance water pressures within the tunnel section.

Work on the various redevelopment areas within the City and infilling between existing developments have continued at a steady rate.

During the year the Corporation has constructed 10·91 miles of sewers and culverts within the City and 18·63 miles outside the boundary at Chelmsley Wood. In addition 6·19 miles of sewer have been constructed by private enterprise within the City.

Up to the end of 1967 the total length of public sewers in the City amounted to 1,779 miles of which 1,125 miles were foul and 654 miles were surface water sewers. This gave a net increase of 14 miles of sewers within the City after allowing for old sewers and culverts which have either been demolished or abandoned. In addition the total mileage of sewers laid in the Chelmsley Wood area up to the end of 1967 was 35·1.

REFUSE COLLECTION AND DISPOSAL

The following information has been kindly supplied by Mr. A. E. Barton, General Manager of the Salvage Department.

The responsibility for the collection and disposal of domestic refuse in the City of Birmingham rests with the Salvage Department, a separate Department of the Corporation under the control of the Salvage Committee. Services operated by the Department also include collection and disposal of certain trade refuse, emptying of cesspools, collection and disposal of industrial effluents and the cleansing of Corporation markets and abattoirs.

In the year 1967, some 324,903 tons of refuse were handled by the Department, a task of enormous magnitude and importance particularly in view of the fact that refuse is a material which is potentially capable of giving rise to numerous nuisances and hazards to public health.

A labour force of approximately 1,450 is employed by the Department to carry out this work.

Changes in the Composition and Output of Refuse

Continual change has been taking place in the composition of refuse over the past 30 years or more, but this has been particularly apparent over the last ten years. Whilst the total tonnage of refuse produced annually in the City has tended to remain relatively constant, the change in refuse composition has resulted in an alarming increase in the total volume produced, a factor which places an increasingly difficult burden on the Department's refuse collection and disposal operations. The increase in refuse volume results from a number of factors, the most important of which is probably the change which has occured in domestic heating methods. An increasing number of homes are now heated by electricity, gas or oil, a trend accelerated by the introduction of smoke control orders, so that the householder is denied the facility to burn refuse. The elaborate pre-packing of consumer goods, trends in food processing, introduction of sythentic wrappings, the increasing use of disposable products, changes in living standards and habits, the redevelopment of the City Centre and new housing projects, all of these and many other factors influence the composition and output of refuse.

There seems every indication that further changes will continue to take place and the full impact of low density refuse has not yet been felt.

The long term effect is likely to result in an increasing number of premises in the City requiring additional dustbins, a development which would lead to increased cost of the collection and disposal service.

Provision of Dustbins

Dustbins are supplied to all premises within the City producing domestic refuse as a charge against the General Rate Fund. During last year, a total of 30,665 dustbins was provided by the Department, these included both the special dustless bins which incorporate a hinged lid and the normal loose lidded type. To date, the generally accepted material for the manufacture of dustbins has been galvanised mild steel, but the Department has recently commenced trials into the use of dustless bins manufactured from high density polythene. The advantages offered by this type of bin include increased holding capacity for considerably less weight – an important factor to combat the increasing volume of present day refuse, reduction in noise and reduced risk of injury to personnel.

Refuse Collection

In the course of maintaining a regular weekly refuse collection service, the Department is required to carry out some 23 million calls per year on premises throughout the City. The dustless system of refuse collection now covers 56 per cent of the City and the system is being progressively extended as the necessary finance is made available.

Increasing demands continue to be made on the service for the free removal of bulky items of refuse, and during last year 16,055 special collections were made in response to requests received from the public. The need for this service is a direct result of the growing tendency for anything which is used to equip or furnish a house ultimately to be discarded as refuse, and items removed include pianos, furniture, television sets, washing machines and all manner of things.

Publicity to this service is regularly given in the local press and all refuse collection teams carry a supply of pre-paid postcards which can be given to any householder wishing to take advantage of this facility. It is entirely unnecessary for any householder to have recourse to dumping refuse on open sites out of desperation to rid himself of unwanted furniture, etc. A special arrangement is also operated for the purchase of tickets to cover the removal of garden refuse.

The large container system for handling refuse in bulk continues to extend with the changing redevelopment of the City. 4,160 of these containers are now in use in various types of premises including multi-storey flats, schools, hospitals, shops and industrial premises.

Refuse Disposal

The organisation of the Salvage Department is based on a policy of de-centralised control of both refuse collection and refuse disposal services,

and for this purpose, six refuse disposal works are operated, each serving the particular district of the City in which it is located. Details of these works are as follows:–

Works	Date of Building or reconstruction	Area of district (Acres)	Population served	Number of premises
Rotton Park Street	1932	7,661	183,140	58,595
Montague Street	1934	4,255	128,787	41,205
Brookvale Road	1924 extended 1938	8,156	162,937	52,131
Tyseley	1926 extended 1938	7,668	172,216	55,100
Lifford	1961	14,716	249,208	79,733
Castle Bromwich	1966	9,148	206,282	65,999

All of these works operate on the principle of separation and incineration. For many years now, Birmingham has resorted to incineration as its primary method of refuse disposal, this being regarded as the most positive and expedient, and the least objectionable system of refuse treatment available.

The Department is currently engaged in an extensive modernisation programme of the City's refuse disposal facilities. The first phase of this programme was completed by the opening of the new works at Lifford Lane, Kings Norton, in October, 1961.

The next phase followed with the erection of a completely new works at Chester Road, Castle Bromwich, opened in September, 1966.

The planning and design of the third phase of the programme is now at an advanced stage with a new works to be erected on a site at Holford Drive, Perry Barr, to replace the existing Brookvale Road Works, the site of which is required for the new Motorway link road. Commissioning date for these new works is scheduled for early 1971, and they are to include many advanced design features and their operation will be extensively automated. The basic concept of the design specification is for a works capable of operation without giving rise to nuisance to the surrounding locality, and to safeguard against chimney emission of dust, a high efficiency electro-precipitator gas cleaning plant, similar to that already successfully in operation at Castle Bromwich Works, is to be incorporated. Final discharge of the gases will be via a 300ft. high chimney-stack to provide adequate despersal into the atmosphere.

A new sludge dewatering plant installed at Montague Street Works was commissioned in October last. This plant is capable of treating 100,000 gallons of industrial sludge per week and provision has been made for future extension should the need arise.

Sludges of this type result from the operation of industrial trade effluent systems and they have a high suspended solid content which makes them unsuitable for direct discharge into the sewer. The Department operates a service for the collection of industrial sludges by tanker vehicle, and the sludge is now delivered to the dewatering plant where it is subjected to a process of pressure filtration which allows the clarified filtrate to be run off to the sewer. The dewatered sludge cake is discharged in a form which makes it easy to transport and to dispose of on the Department's tipping sites. Previously the disposal of these industrial sludges had presented a serious embarrassment to the Department.

Personnel

The salvage Committee has over a long period of years maintained an extremely high standard with regard to the welfare of employees, and extensive facilities are provided at each of the six works, including changing and locker rooms, clothes drying rooms, shower baths and attractive dining rooms. Employees are also regularly issued with an approved scale of protective clothing related to the type of work they perform.

A Departmental Joint Consultative Committee, comprising representatives of the management and all sections of employees, meets monthly to discuss matters of mutual interest and benefit. The Sports and Social Club, which is managed by the men themselves, has a number of flourishing sections and various social events were arranged during the course of the year in which employees and their families participated.

Labour turnover, whilst reduced from previous years, continues to present a problem to the operation of the Department, and during the year under review a total of 594 new employees was engaged in order to maintain the labour force at the required strength. This was further aggravated by the fact that of this number 56 per cent, resigned within the first six months of their service. The recruitment of drivers gives rise to further difficulties and, in order to maintain the necessary complement, the Department operates its own Driving School for suitable employees, where instruction is given in theory and practical work by a fully qualified instructor.

Work Study

The Department's Work Study Section has continued its investigation into various aspects of the Department's operation and a new bonus scheme was introduced for fitters and mates engaged upon the maintenance of refuse disposal plant.

Vehicles and Plant

The Department operates and maintains a transport fleet of vehicles, the replacement value of which is approximately £1,400,000. It includes not only specialised types of refuse collection vehicles, many of which incorporate hydraulic compression and packing devices for handling low density refuse, but also vehicles used in connection with the haulage of screened dust and furnace residue, general works transport and angle-dozers designed for the operation of controlled tipping sites.

Recent legislation in connection with the operation of road transport has brought about the need for ever rising standards of maintenance. The principal vehicle repair workshops are located at Montague Street Works and these are fully equipped for dealing with all major vehicle repairs and overhaul. Equipment and a staff are available at other works of the Department for dealing with routine repairs and servicing and vehicle washing. All transport maintenance operations are under the control of the Transport Maintenance Officer.

The Department has its own engineering section under the control of the Chief Engineer and a staff of skilled craftsmen and mates carries out repair and maintenance of the refuse disposal plant and equipment at the various works. With the continued introduction of highly sophisticated equipment, operation of refuse disposal plant is developing into a highly specialised branch of engineering.

Cesspools and Sanitary Pans

During the year 94 cesspools serving 116 premises received regular attention, together with 60 sanitary pans, in the outlying areas of the City.

Finance

The gross expenditure of the Department for the financial year 1967/1968 amounted to £2,843,375 and the income of the Department was £282,879.

THE CITY'S WATER SUPPLY

Once again, thanks are due to Mr. R. C. Whitehead, Engineer and Manager of the Water Department, for the following information upon the engineering aspect of the supply.

Headworks

In the Elan Valley, the principal source of Birmingham's supply, the soft moorland water collected in the reservoirs was filtered, treated with hydrated lime to neutralise its natural acidity, and fluoridated. Finally, as the water passed into the Aqueduct, a marginal dose of chlorine was added to a maximum rate of 0·75 parts per million.

Aqueduct

The deteriorating condition of some tunnel and conduit sections of the Elan Aqueduct continued to be a matter of grave concern, and for the Studley tunnel a repair programme was arranged to carry out remedial measures at times when access can be gained without detriment to the supply position in Birmingham. Such opportunities occurred in July and November when flow in the Aqueduct was suspended for two days, and steel ribs, previously fabricated, were fixed in the tunnel at points where the roof needed strengthening. On each occasion the area in which work had taken place was treated with chlorine solution before recharging. The stock of water held in reserve at Bartley and Frankley was somewhat depleted during the November operation and the opportunity was taken to use water from the newly commissioned River Severn Scheme to shorten the recovery period.

More work is planned for 1968 which should extend the life of the Studley tunnel for several years.

Severn Supply Scheme

The commissioning of the plant at Trimpley, near Bewdley, commenced in February when water pumped from the river at a rate of 3 million gallons a day was passed through the treatment works for expermental purposes and subsequently returned to the river. Tests were continued over a period of ten weeks in order to ascertain the variations in treatment required in accordance with the variable quality of the raw river water.

Satisfactory treatment was achieved in readiness for expected high demands during the summer. In the event, however, water supplied from the Elan source was found to be sufficient for requirements, and the introduction of Severn water into Birmingham's supply was postponed until November.

Clywedog Reservoir Project

Although the Clywedog Dam was not substantially complete until 24th November, 1967, impounding had commenced in the previous December and water was available throughout the summer to supplement the natural flow of the Rivern Severn for water supply purposes had the need arisen. The dam was also operated so as to alleviate flooding in the Upper Severn Valley during periods of heavy rainfall.

The appointed day on which the dam becomes fully operable is officially stated to be 1st April, 1968.

Frankley Works

All 44 Elan rapid gravity filters functioned satisfactorily throughout the year.

During November the eight rapid gravity filters, constructed to treat water of the River Severn supply, were commissioned and have thereafter operated continuously, dealing with an average of 5 million gallons a day. Construction of the mixing chamber was completed and the Severn and Elan waters have been blended before passing into supply.

The chlorination and sulphonation installations were not quite ready for commissioning, but satisfactory chlorination was achieved using the existing plant.

Together the Elan and Severn rapid gravity filters process 95 per cent. of the daily flow, the remainder being treated by slow sand filtration.

Whitacre Works

Raw water was pumped from the River Blythe through Whitacre Reservoir to Shustoke Reservoir on 155 days between May and December, copper sulphate being added at the usual dose rate of 0·3 parts per million of the total water treated.

A surface variety of algae flourished for a time in Shustoke Reservoir during the months of May and June and, during this time, water was abstracted from the reservoir at a level lower than usual, thus avoiding the higher concentration near the surface which would have overloaded the microstrainer plant.

Aluminium sulphate was added to the microstrained water at dose rates suitable to meet the variations in quality of the water between March 16th and June 26th. In order to avoid the after precipitation of the chemical in the final water, optimum doses were first determined in the waterworks laboratory.

The chloride content of the water leaving Whitacre Works increased significantly during the year due to an increased concentration in the River Bourne. The effluent causing this pollution was identified and action is being taken to effect an improvement.

Area of Supply

Mainlaying for new housing sites, development in the City Centre, trunk main extensions, and the replacement of old, corroded service mains with new concrete-lined mains continued. Multi-storey blocks of flats constructed by the Corporation were provided with boosted supplies where the existing mains pressure was insufficient.

A length of 1,171 yards of 24" diameter concrete-lined steel main was laid from Parson's Hill, Kings Norton, to Broad Lane, Kings Heath, and has improved the supply in parts of Moseley and Kings Heath.

The dosage of chlorine added at Frankley Treatment Works was increased gradually during the year and since the introduction of River Severn derived water the residual chlorine in the water entering the distribution system has been 0·3 ppm. Practically the whole of the area of supply was constantly supplied by Elan water until 13th November, on which date, as described above, a small admixture of Severn water was, for the first time, introduced into the distribution system.

ROUTINE SAMPLING OF CORPORATION WATER

Purification of the Welsh water is carried out by the Water Department at Frankley from which station run supply mains covering the whole of the Birmingham Area. The waters from the Rivers Bourne and Blythe, which are used principally for bulk supply to Coventry Corporation and the North East Warwickshire Water Board, are purified at the Whitacre Works. Bacteriological and chemical sampling is carried out continuously throughout the year to ensure the efficiency of treatment and purity of water.

In November, 1967, water derived from the River Severn and stored in Trimpley Reservoir near Bewdley, was introduced into the Birmingham supply, about three million gallons of Severn water being mixed with over seventy million gallons of water from the Elan Valley to meet the demand. Clarification and softening are carried out at Trimpley after which the Severn water is pumped to Frankley where it is filtered and chlorinated before being blended with the water from the Elan Valley and distributed. Water of the Severn supply ,even after softening, is slightly harder than that of the Elan but the proportion of Severn water has been so small that the increased hardness has been, so far, barely detectable.

Bacteriological Examination

Elan Valley Supply

The impounded water at the Elan Valley is treated with lime to neutralise both its natural acidity and the increased acidity caused by the introduction of fluoride. It is then passed through rapid filters to remove suspended matter and dosed with 0·75 parts per million of chlorine before passing into the Aqueduct. Samples at Steventon, half way along the 70 miles-long aqueduct, were consistently of high standard. The water enters the open storage reservoirs at Bartley and Frankley where contamination, principally during the winter months, can take place due to fouling by birds – this is countered by chlorination at Bartley Reservoir outlet. The water from the reservoirs is then filtered following which it receives a final chlorination prior to passing into the general main supply. The treated water leaving the works was of excellent quality throughout the year.

Whitacre Supply

The heavily polluted waters of the Rivers Blythe and Bourne are sampled weekly. Water from the River Bourne flows through the Upper Shustoke Reservoir into the larger Lower Shustoke Reservoir, whilst the water from the River Blythe is contained in Whitacre Reservoir whence it is pumped to Lower Shustoke Reservoir for storage and mixing with Bourne water. The quality of the water is markedly improved by these storage arrangements but further treatment follows consisting of micro-straining, chlorination to the extent of one and a half parts per million, and rapid sand filtration. The water is again chlorinated by the addition of up to five parts per million, the precise dosage being predetermined and automatically controlled. Removal of excess chlorine by sulphonation leaves a residual concentration of about 0·25 parts per million in the water leaving the works. The water going into supply is sampled twice weekly, at the works, Monwode Lea and Packington and from a bacteriological point of view the treated water is comparable to that from Wales.

Wells

Apart from three occasions when there was some slight contamination of the Longbridge Well (due possibly to seepage) the results upon samples of water taken from the Longbridge and Short Heath Wells demonstrated an excellent degree of purity.

Chemical

Page 267 sets out the number of samples taken throughout the year, their main composition and range of variations.

For the most part the Welsh water varies little in chemical composition from year to year. At the beginning of the year the figures for chloride and hardness from the Elan Valley were slightly increased (i.e. chlorides

from an average of 9 to 14 p.p.m. and hardness from an average of 21 to 23 p.p.m. $CaCO_3$). During September and October salt contamination was noted in the River Bourne, the figures for chlorides being 144 and 120 as compared with the usual 50. This was also reflected in the Shustoke and Whitacre filtered water and was, of course, harmless.

Lead in Drinking Water

Samples of water for lead determination were taken during the year. These were the 'first draw off' from taps in older homes with lead piping and with one exception results were all below the World Health Organisation figure of 0·3 mg./litre. The exception was a thirty-five year old house where a reading of 0·40 mg./litre was obtained but a repeat sample taken fourteen days later showed a lead content of 0·20 mg./litre.

Until recently the recognised safety limit of lead has been taken as 0·1 mg. per litre (World Health Organisation's European Standards for Drinking Water 1961), but the World Health Organisation International Standards for Drinking Water, 2nd Edition, 1963, gives a revised figure of 0·05 mg. per litre as the upper limit in the supply. The World Health Organisation's European 1961 Standards adds a proviso concerning systems of supply using lead piping. In these systems, the concentration of lead in water after prolonged contact with the pipes, e.g. after standing overnight, may be high. The proviso states that in no circumstances should the lead content exceed 0·3 mg./litre after 16 hours contact with the pipes. This limit only applies to the "first draw off" of water (e.g. after standing overnight). Thereafter the 0·05 mg/litre limit applies.

The general overall picture for chemical analyses again showed readings which were in keeping with normal limits.

Radioactivity

The results have so far all been well within the limits advised by the Medical Research Council and by the International Commission on Radiological Protection.

Fluoridation

Samples taken from various points and daily from the tap in the City Analyst's Laboratory have, since fluoridation commenced in July, 1964, shown the figure of 1·0 part per million, as laid down by the Ministry of Health, to be consistently maintained within the close limits prescribed.

No. of samples taken	Description	Ph.	PARTS PER 1,000,000 (p.p.m.) OR MILLIGRAMS PER LITRE (mg/l) (Extreme values in brackets)														
			Total Solid Matter	Ammonoical Nitrogen (as NH_3)	Albuminoid Nitrogen (as NH_3)	Nitrogen in Nitrates (as N)	Oxygen consumed in 4 hours at 27°C. (80°F)	Chlorine in Chlorides	Hardness (as $CaCO_3$)	Total Alkalinity (as $CaCO_3$)	Fluoride	Detergents	Hardness: Permanent	Hardness: Temporary	Nitrogen in Nitrites (as N)	Erosion (overnight in lead pipe coil)	Erosion (overnight with leadstrip)
12	ELAN WATER: Aqueduct outlet	9.1 (8.8-9.2)	51 (46–59)	0.001 (0·000-0.006)	0.039 (0.004-0.072)	0	1.1 (0.4–1.8)	11 (10–14)	20 (19–22)	8 (7.5–9.0)	1.0 (0.9-1.0)						
12	After storage in Bartley or Frankley Reservoirs	7.6 (6.9–8.8)	50 (45–58)	0.000 (0·000-0·002)	0.035 (0.000–0.064)	0	0.9 (0.4–1.6)	11 (10–14)	20 (19-22)	8 (7.5–9.0)	1.0 (0.9-1.0)						
10	After filtration and chlorination	7.4 (6.9–8.4)	50 (45–60)	0.000	0.038 (0.012–0.066)	0	0.7 (0.3–1.1)	11 (10–14)	20 (19-22)	8 (7–9)	1.0 (0.9-1.0)					0.3 (0.2-0.4)	110 (90-125)
1	SEVERN WATER: Severn Aqueduct Outlet	9.0	232	0.068	0.080	0.93	0.3	36	97	14	0.1						
2	Mixed Elan/Severn Water: After filtration and chlorination	7.2 (7.1–7.2)	59 (56–61)	0.000	0.023 (0.006–0.040)	0	1.3 (1.1–1.4)	12 (11–12)	25 (24–26)	9 (9–9.5)	1.0 (0.9–1.0)					0.4 (0.4–0.4)	110 (110–110)
5	WELLS: Longbridge	6.4 (6.3–6.5)	296 (265-358)	0.002 (0·000-0·008)	0.016 (0.000–0.032)	3.1 (2.3–4.3)	0.1 (0–0.2)	20 (17–25)	184 (170–200)	94 (82–98)			94 (76-128)	90 (66–110)	0		
5	Short Heath (Witton)	7.3 (7·1–7·5)	476 (422–540)	0.002 (0·000-0·004	0.030 (0.008–0.048)	16.1 (12.3–18.3)	0.1 (0–0.2)	30 (28–32)	266 (240–300)	91 (76–110)			161 (122–196)	105 (74-126)	0		
12	WHITACRE: River Blythe	7.7 (7.0–8.2)	446 (347–490)	0.098 (0.000–0.240)	0.394 (0.192–0.560	4.4 (2.5–6.5)	3.7 (2.3–7.0)	31 (23–36)	267 (190–320)	133 (66–156)	0.3 (0.2-0.4)	0.02 (0-0.10			0.047 (0.025–0.090)		
12	River Bourne	7.5 (7.4–7.6)	583 (460–790)	0.068 (0.000–0.216)	0.174 (0.048–0.432)	6.8 (4.9–9.9)	1.6 (0.3–6.0)	69 (35–144)	365 (270–400)		0.15 (0.1-0.3	0					
12	After storage in Shustoke Reservoir	8.4 (8.2–8.8)	542 (488–662)	.038 (0.000–0.240)	0.336 (0.180–0.576)	3.2 (2.1-4.3)	1.6 (0.9-2·0)	60 (46–87)	324 (290–360)			0					
12	After filtration and chlorination	7.7 (7.1–8.5)	535 (475–572)	0.003 (0.000–0.016)	0·234 (0.096–0.504)	3.2 (1.6–4·9)	0.9 (0.3–1.3)	64 (51–90)	316 (290–330)		0.18 (0.1-0.3)	0	151 (124-170)	165 (140-186)			

PRIVATE WELLS

Industrial

There are now 83 premises within the City which are known to use water from bore holes. Details are as follows:–

	Number of premises	*Number of wells*
Breweries using well water for all purposes	5	13
Hotels and blocks of flats using well water for all purposes	3	3
Hospital using well water, (stand-by only)	1	1
Food preparation premises using well water	3	6
Industrial premises using well water for all purposes ...	15	22
Industrial premises using well water for industrial purposes only	56	77
	83	122

During 1967, 47 bacteriological samples and 22 chemical samples were taken from various premises. The reports obtained from these samples indicated that the water from the boreholes, although hard, was in a state of high bacteriological purity.

Domestic

There are now only two dwellings within the City which are known to rely on water from shallow wells. Negotiations are still taking place for one to be connected to the mains supply, whilst the other remains unoccupied.

DWELLINGS WITHOUT AN INTERNAL WATER SUPPLY

Year after year some little progress is made in effecting a reduction in the number of houses in the City lacking an internal water supply. Slum clearance and new housing development account for the majority of the reduction, while tenant refusals continue to maintain at a relatively high level the number of houses without an internal water supply.

It appears, therefore, that a few more years will have to pass before this unsatisfactory state of affairs is finally rectified.

At the end of 1966 it was reported that the total number of dwellings without internal water supply was 258. At the close of 1967 the total stood at 226, a reduction of 32. During the year one house not previously recorded was found to be without an internal water supply. The following table details the general statistics:–

Outside Redevelopment Areas :	
Included in declared Clearance Areas	13
Life did not justify expense	6
Supplied by wells – usually distant from the nearest main supply ...	2
Space limitations, or other reasons, made provision impracticable...	1
Occupants did not desire an internal supply	163
Lack of drainage made provision impracticable	2
Suitable for installation and notices served on owners	3
Within Redevelopment Areas :	
Occupants refused internal supply	36
	226

The reduction of 32 on the previous year's total is accounted for thus:–

Houses void, pending demolition	30
Installed by owners, owner-occupiers or tenants without service of notice...	1
Houses being dealt with under Section 16 of the Housing Act, 1957	2
	33
Less house found to be without an internal supply	1
	32

SAMPLING OF SWIMMING BATH WATER

Monthly examinations are carried out of the waters of all Corporation Swimming Baths, without prior notice, for bacteriological content and chlorine concentration. In addition, all bath premises are regularly inspected.

The free chlorine is the active bactericidal agent and the concentration of this in the water is now normally maintained at 2·0 p.p.m Following the recommendation of the Chester Beatty Research Institute the Orthotolodine method of estimation of free and total chlorine was changed in March to the D.P.D. (Diethyl-p-phenylene-diamine) method which will record up to 4·0 p.p.m.

During the year 334 samples were collected and of these 13 samples failed to achieve the high degree of purity based on an arbitrary standard of not more than eleven organisms per 1 ml. and the absence of coliform organisms in 100 mls. From the following table it can be seem that the majority of these unsatisfactory samples were obtained during the months of June, July and October. They were due to either heavy bathing loads or low concentrations of chlorine which in some instances were the result of temporary mechanical defects. In all such cases a repeat sample was obtained and all of these were found to be satisfactory.

Month	*No. of samples taken*	*No. of samples with viable count more than 11 per 1 ml.*	*No. of samples with faecal coliform detected in 100 mls.*
January	26	1	—
February	26	—	—
March...	27	1	1
April	27	—	—
May	27	—	—
June	28	3	—
July	30	4	—
August	29	—	—
September	29	—	—
October	32	3	3
November	27	—	—
December	26	—	—
TOTAL	334	12	4

The results on the whole were admirable and reflect the efforts made to ensure hygienic conditions in the City's bathing pools.

Mr. J. Moth, General Manager of the Baths Department, states that these results are regarded as highly satisfactory in view of the record attendance of over three million bathers during the period under review.

The results obtained from the three privately owned and eleven school swimming pools complied with the required bacteriological and chemical standards.

PERSONAL SAFETY

Testing the Performance of Oil Heaters and the Guards on Oil, Gas and Electrical Heaters

The legal requirements for the design of guards for domestic heaters have been described in previous reports, as also have the special requirements applicable to oil heaters in regard to warning notices, corrosion resistance of the oil containers, performance when tilted and emission of carbon monoxide.

As a check upon compliance with these requirements the following inspections were carried out in 1967:–

No. of premises visited	*No. of appliances examined*	*No. of appliances found unsatisfactory*
144	625	2

Appliances found with unsatisfactory guards were immediately withdrawn from sale.

The Nightdresses (Safety) Regulations, 1967

The Consumer Protection Act, 1961, empowers the Secretary of State to make regulations imposing requirements in respect of any prescribed class of goods to prevent or reduce the risk of death or personal injury.

Under this Act, the Children's Nightdresses Regulations, 1964 came into operation on the 1st October, 1964. The Regulations imposed requirements in relation to the sale of children's nightdresses to ensure that the garments were made of a fabric of low flammability. The Regulations applied only to children's nightdresses and not to any other person's night attire.

However, consideration has been given to the risk of death or personal injury to all persons who wear nightdresses. On the 1st September, 1967, The Nightdresses (Safety) Regulations, 1967 came into operation, and the Children's Nightdresses Regulations, 1964 were revoked.

The new Regulations impose requirements in relation to nightdresses and accordingly under the Act, subject to certain exceptions, no person may sell or have in his possession for sale a nightdress not complying with the Regulations.

Regulation 1 relates to materials used in children's nightdresses and, among other things, requires any fabric used to be of low flammability in accordance with the British Standard for such fabrics. Regulation 2 requires adults' nightdresses to bear a warning label "Warning – Keep away from Fire", unless they comply with the requirements imposed for children's nightdresses.

Regulation 3 refers to nightdresses made from fabric treated chemically to render it safer from fire, and requires that such a garment shall bear a warning against washing it with soap or soap powder and against boiling or bleaching it.

All nightdresses shall be subject to the Regulations even if they were manufactured before coming into operation of the Regulations, but the term nightdress does not include a man's night shirt.

The local authority may purchase nightdresses for the purpose of testing whether the fabric is of low flammability, but the tests are required to be carried out by one of the bodies authorised by the Secretary of State for this purpose.

Any person selling or having in his possession for sale nightdresses that do not conform to the Regulations will be guilty of an offence and liable on summary conviction to a fine not exceeding one hundred pounds, or in the case of a second or subsequent offence to a fine not exceeding two hundred and fifty pounds or to imprisonment for a term not exceeding three months or to both.

Throughout the year regular inspections have been made and observations have been kept on shops and open markets to ensure that children's nightdresses, and other nightdresses, comply with the Regulations. No contraventions have been detected.

The Stands for Carry-Cots (Safety) Regulations, 1966

Under the Consumer Protection Act, 1961, the Secretary of State has made Regulations imposing requirements in respect of carry-cot stands to prevent or reduce risk of death or personal injury.

The object of the Regulations is to ensure that carry-cot stands are suitably designed to prevent the carry-cot from falling, and strong enough to support the carry-cot and child.

The Regulations require a cot-stand to have a label affixed to it stating in legible and durable characters the maximum length and width of carry-cot which the stand is designed to support.

The cot-stand must be so designed that when accommodating a carry-cot having the dimensions specified on the label, the carry-cot shall be effectively retained by a guard rail or rigid stops operating upon the corners of the carry-cot, in order to keep it in position. The underside of the bottom of the carry-cot is not to be more than seventeen inches above floor level.

In addition, the cot stand shall be so strong that if the carry-cot is placed in position, or a weight of sixty pounds equally distributed over the bottom of the carry-cot is applied for a period of twelve hours, the stand shall not break or become permanently distorted.

The Regulations will apply to all carry-cot stands manufactured before the date of operation of the Regulations.

The date of coming into operation of The Stands for Carry-Cots (Safety) Regulations, 1966, was the 1st February, 1967.

Since the Regulations came into operation inspections and observations have been kept on shops and open markets but no contravention has been noted.

INDUSTRIAL PREMISES

Sanitary Accommodation in Factories

Sanitary matters arising in factories are dealt with under the provisions of Part I of the Factories Act, 1961, and when these are not observed, the factory occupier or other person responsible becomes liable to a fine on summary conviction.

The Act indicates the extent to which the provisions of this part are to be enforced by the Local Authority and includes general requirements relating to cleanliness, overcrowding, temperature, ventilation, drainage of floors and sanitary conveniences in factories in which mechanical power is not used.

The number of visits paid to industrial premises, defined as "factories" under the Act, totalled 3,796 for the year, being an increase of 145 on the 3,651 inspections in 1966.

Inspectors continued the practice, when making their visits, of dealing with other statutory duties in connection with factory canteens, outworkers, etc., at the same time. This policy ensures the most economical use of available manpower.

There was an increase of 47 in the total number of premises registered when compared with the figure of 4,702 for 1966.

As in previous years, factory managements continued their co-operation with the Department in complying with the requirements of the informal notices referred to above. It was not necessary, therefore, to resort to statutory procedure with regard to such notices.

Inspections for Purposes of Provisions as to Health

Premises (1)	*Number on Register* (2)	*Number of*		
		Inspections (3)	*Written notices* (4)	*Occupiers prosecuted* (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	121	92	2	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	4,301	3,001	204	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises) ...	327	703	5	—
TOTALS ...	4,749	3,796	211	—

CASES IN WHICH DEFECTS WERE FOUND

(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases")

Particulars	*Number of cases in which defects were found*				*Number of cases in which prosecutions were instituted*
			Referred		
	Found	*Remedied*	*To H.M. Inspector*	*By H.M. Inspector*	
(1)	(2)	(3)	(4)	(5)	(6)
Want of cleanliness (S.1) ...	2	2	—	—	—
Overcrowding (S.2) ...	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
(*a*) Insufficient	5	3	—	3	—
(*b*) Unsuitable or defective	895	408	—	46	—
(*c*) Not separate for sexes	1	1	—	—	—
Other offences against the Act (not including offences relating to Outwork)	2	2	—	—	—
TOTAL	905	416	Nil	49	Nil

Outworkers

The homes of persons who carry out light tasks in connection with the making, ornamenting or finishing of certain classes of goods are referred to as outworkers' premises. The employers of such persons are required under Section 133 of the Factories Act, 1961, to supply the local authority with lists of names and addresses of outworkers during the months of February and August in each year.

The August return for 1967, which was submitted to the Ministry of Labour, gave the following particulars:–

LIST OF OUTWORKERS 1967

Nature of Work	*Number of Outworkers in August*
Wearing apparel	91
Curtains and furniture hangings	15
Furniture and upholstery	3
Electro-plate	108
Brass and brass articles	12
Paper box making	307
Brush making	1
Carding, etc., of buttons, etc.	124
	661

The above figures show a marked increase of 150 in the total number of outworkers employed, when compared with the figure of 511 for the previous year. This is due to a sharp increase in the number of workers employed in the trades of electro-plate and paper box making. Similarly, the total number of visits made by public health inspectors to outworkers' premises increased to 653 when compared with 229 for 1966. These inspections revealed that no work was being carried out in premises considered to be injurious or dangerous to health.

Town and Country Planning Act, 1962

In order to ensure that maximum use is made of the above Act in making certain that good planning incorporates the legislated requirements of public health and recommendations made in codes of practice, a close liaison is maintained between this Department and that of the City Engineer, Surveyor and Planning Officer.

Plans and applications which in any way have a bearing on the work of the Department are forwarded to the Chief Public Health and Housing Inspector for examination and comment. Such plans include food premises, factories, shops, houses and housing projects. After preliminary examination they are passed to the specialist officers within the Department where appropriate. During the year, 1,835 applications were dealt with, being an increase of 10 when compared with 1,825 for 1966. These applications, together with appropriate plans, were scrutinised by the under-mentioned officers as follows:–

	Number of applications referred
Public health and housing inspectors	1,789
Noise abatement and atmospheric pollution inspectors ...	458
Milk inspectors	28
Shops inspectors	100
Food inspectors	38
Medical officers	5
Veterinary officers	5

Opinions of the various officers were collated and suitable replies prepared by the Chief Public Health and Housing Inspector. It was necessary to make comment in 771 cases, or approximately 42 per cent.

NOISE ABATEMENT

Progress brings its problems and not the least of these is the problem of noise.

The number of complaints of excessive noise, although less than the previous year, nevertheless, means that a considerable amount of time is spent by officers of the Department investigating and finding remedial measures in order to overcome nuisance from noise and vibration.

In a large industrial city having numerous and varied trades, it is inevitable that noise will be emitted from premises which will result from time to time in complaints from householders, especially if noise occurs during the hours of darkness.

Industrialists could, no doubt, save themselves both time and money if they took a look at the nearness of dwellings to the factory premises before installing noisy machinery. Unfortunately, they look no further than the available space within the factory; the machines are installed and strangely enough the site chosen is frequently the one most likely to cause nuisance to nearby residents.

Reducing noise to an acceptable level can be extremely costly, and in certain cases the managements have been faced with spending considerable sums of money on sound insulation of buildings or removing the sources of noise to other sites whereby householders are not affected. Due to the type of building construction of some premises, the only remedy appears to be to remove the offending machinery or process to a more suitable site, or rebuild the premises in materials that will prevent the emission of noise.

Launderettes, washeterias, and coin-operated laundries are increasing in numbers, and as these are usually sited in shopping centres where domestic flats are over the shop premises, or dwellinghouses may adjoin, nuisance from such premises frequently occurs. The nuisance in most cases is caused by the operation of water pumps and dryers.

The curing of one nuisance may lead to another unless careful consideration is given. One such problem has occurred where the occupants of a block of flats have, for some time, suffered from emissions of black smoke from a chimney serving a metal melting furnace, and where the chimney is approximately the same height as the flats. The firm have given considerable attention to the smoke problem and have now installed a bag filter plant which has proved extremely successful in covercoming the smoke problem. Unfortunately, a serious problem of noise has arisen since the installation of the filter plant and the firm are called upon to spend time and money to overcome the new cause of complaint.

Occupiers of other flats in the City have complained of noise from the operation of the lifts. In most cases of complaint of this type it is usually the occupiers of the top floor flats who are affected by the lift winding and braking mechanism sited over their flats. It would appear that little thought is given to ensuring that the lift mechanism rooms are sound insulated.

In tall flats mechanical ventilation is installed and complaints have been received of the noise of the fans being transmitted along the air ducts into the living rooms.

Fans of all types are probably the main cause of noise complaints, and much could be done by manufacturers towards producing fans capable of running with a minimum of noise. Such fans must also be correctly installed on suitable mountings that will minimise noise and vibration. The users of fans could, no doubt, exert considerable pressure upon fan manufacturers if they insisted upon fans being installed to operate at a sound level that would be unlikely to give rise to complaint.

During the year 186 complaints of noise were received, and 1,045 visits were made to complainants and industrial or commercial premises in connection with the complaints.

ATMOSPHERIC POLLUTION CONTROL

There has been no reduction in the drive being made to promote a cleaner atmosphere. Industry is still maintaining its efforts towards ensuring that fuel burning appliances installed are capable of smokeless operation, realising that efficient combustion means lower fuel costs.

Already some industrialists in the midland area are looking forward to the day when North Sea gas will be in adequate supply and it is anticipated that a number of boiler plants, in the near future, will be fired by gas. This will be another step towards reducing pollution as the burning of North Sea gas will mean combustion gases discharged to the atmosphere being virtually free from sulphur dioxide, grit and dust.

Smoke Control Areas

Although quite a lot has been achieved by the establishment of smoke control areas, a lot remains yet to be done. At the end of September, 1967, it would appear that the Greater London area was well ahead of the rest of the country with 64·39 per cent. of premises in the area subject to smoke control whilst only 26·4 per cent. of premises were so covered in the West Midlands area.

There is no doubt that many of the public are aware of the benefits of "clean air", and in a letter to the press during February the writer asked "if people realise that we have had little fog and smog to cope with in the last two winters. Our thanks should go to the Clean Air Act which I feel is responsible". The writer indicated that the sooner a smoke control order was made to cover his district, the better.

Much is being done by householders outside smoke control areas, in providing smokeless fuel burning appliances. Many see the advantages of central heating and carry out the installation before coming under smoke control. Others, who are out at work all day, wish to have instant warmth on their return and have installed appliances that save labour on the laying of fires, the storage of fuel and removal of ashes.

The supplies of solid smokeless fuels have, throughout the year, been satisfactory, although certain fuels such as Anthracite have never been as freely obtainable as other fuels. The biggest disappointment, as far as supplies of solid smokeless fuels are concerned, is the failure of the National Coal Board to provide adequate supplies of Homefire. This fuel has been proved to burn easily, with a long flame, and many householders prefer it to the other solid smokeless fuels. Unfortunately, once again the National Coal Board has failed to fulfil the promise of a plentiful supply by the end of the year. It is understood that technical difficulties in the manufacturer of this fuel have not yet been solved. However, another

briquetted fuel "Multiheat" is now available and is proving an excellent fuel for heaters and also open fires. A mild winter brought no problems with regard to supplies of solid smokeless fuels.

During the year fourteen more smoke control orders came into operation bringing an additional 29,321 dwellings and 1,396 other premises within areas totalling 5,071 acres, under smoke control. Of eight orders confirmed during the year, seven will come into operation during 1968 and one will come into operation during 1969. These orders cover an additional area of 5,716 acres and will apply to a further 27,203 dwellings and 1,534 other premises.

Details of three other areas approved by the Health Committee will be submitted to the City Council for the Smoke Control Orders to be made in January, 1968. These Orders cover an area of 4,735 acres and will apply to 21,603 dwellings and 1,222 other premises, and should be confirmed during the early part of 1968.

Again it has been necessary, on occasion, to take legal proceedings against owners of premises in smoke control areas for emitting smoke, only one of these being a householder, but a number of householders have received warning letters following the emission of smoke from the chimneys of their dwellings.

The position in relation to the progress of smoke control areas up to the 31st December, 1967 was as follows:–

Smoke Control Orders in operation	138
Smoke Control Orders confirmed but not yet in operation ...	8
Smoke Control Areas approved by the Health Committee to be submitted to the City Council for Orders to be made in January, 1968	3
Total number of dwellings and other premises subject to the above Smoke Control Orders	155,913
Total acreage to which the above Orders apply	25,377

Atmospheric Pollution by Smoke from Industrial Furnaces

Regular observations on chimneys in every district of the City have been maintained throughout the year.

With the increase of numbers of dwellings and other premises becoming subject to smoke control during the year, this has increased the number of chimneys to be observed.

The co-operation between the smoke inspectorate and architects, heating engineers, consultants, works engineers and fuel burning appliance manufacturers has been maintained and resulted in satisfactory fuel burning equipment being installed and serviced so as to prevent unnecessary pollution of the atmosphere.

During the year 1,455 observations have been made on industrial chimneys and in 27 instances the emission of excessive smoke or smoke emitted from premises in smoke control areas was noted. The premises were visited and the responsible person interviewed and informed of the emissions of smoke. It was considered in seven cases that there was no reasonable excuse for the emission of smoke, and details of these were submitted to the Health Committee for authorisation to take necessary proceedings under the appropriate legislation.

On ten occasions it was necessary to draw the attention of demolition contractors, car breakers and firms burning industrial waste to the nuisance from the emission of smoke.

Six Abatement Notices were served under section 16 of the Clean Air Act, 1956. It has not been found necessary to take any further action following the service of the Abatement Notices.

Summary of Statutory Action

CLEAN AIR ACT, 1956

Dark Smoke Emissions—Section I	
Number of Prosecutions	1
Total amount of fines imposed	£20
Smoke Control Areas—Section II	
Number of Prosecutions	6
Total amount of fines imposed	£28
Smoke Nuisances—Section 16	
Abatement Notices served	6

BIRMINGHAM CORPORATION ACT, 1954 SECTION 35

Central Smokeless Area	
Number of prosecutions	1
Total amount of fines imposed	£5

Installation of New Furnaces

The Clean Air Act, 1956, Section 3, requires that new furnaces to be installed shall be, as far as practicable, smokeless, and any person who intends to install a new furnace shall not do so unless notice of the proposal to install such furnace has been given to the local authority. Where plans and specification of new furnaces are submitted to and accepted by the local authority, the furnaces are deemed to be capable of being operated smokelessly. This section of the Act does not apply to new furnaces designed solely or mainly for use for domestic purposes where the furnaces have a maximum heating capacity of less than 55,000 British Thermal Units per hour.

Where new furnaces are to be installed for burning pulverised fuel, or solid fuel, or solid waste, at the rate of one ton or more per hour, grit arrestment plant must be installed, and plans and specifications of the

grit arrestment plant must be submitted to the local authority for approval. Failure to install grit arresting equipment approved by the local authority constitutes an offence.

The examination of plans submitted under Building Regulations, and of planning applications under the Town and Country Planning Acts, enables information to be obtained of proposals to install new furnaces.

During the year 246 notifications of intention to install new furnaces were received, and the following table indicates the types of fuels which would be used:–

Coal mech. fired	*Solid Smokeless Fuels*	*Oil*	*Gas*	*Electricity*	*Waste materials*
6	7	102	123	5	3

The table indicates that gas and oil are preferred to other fuels with gas now taking the lead.

Omitting the furnaces burning waste materials, coal burned on mechanical stokers constituted 2·47 per cent., solid smokeless fuels 2·88 per cent., oil 41·97 per cent., gas 50·62 per cent., and electricity 2·06 per cent. of the total number of new fuel burning installations.

Heights of Chimneys

Section 10 of the Clean Air Act, 1956, relates to plans deposited in accordance with the Building Regulations, which show that it is proposed to erect a chimney for carrying smoke, grit, dust or gases from a building. It applies to premises used other than as residences, shops or offices and therefore relates mainly to industrial premises.

The section gives the Local Authority power to reject the plans unless they are satisfied that the height of the chimney as shown on the plans will be sufficient to prevent, so far as practicable, the smoke, grit, dust or gases from becoming prejudicial to health or a nuisance.

During the year 89 plans indicating chimneys were submitted by the City Engineer, Surveyor and Planning Officer for comment with regard to the proposed height. Of this total 17 chimney heights were considered unsatisfactory.

Atmospheric Pollution from Railway Smoke

The number of steam engines in Birmingham Stations and Motive Power Depots has been greatly reduced during the year. Snow Hill Station has had its traffic considerably reduced and New Street Station is being modernised. A greater number of electric and of diesel units is now in service and, with the full service by electric traction to London, the steam engine has virtually disappeared. It is to be hoped that, apart from the improvement by way of a cleaner atmosphere, the dirty smoke blackened stations will be seen no more.

Fumes and Effluvia

During the year 88 complaints of fumes and effluvia were received. The cause of complaint was due to the emission of fumes from enamelling plants, coke fired furnaces, oil fired furnaces, vehicle exhausts, paint spraying plants, launderette dry cleaning equipment, galvanising, etc.

In all cases the owners or managements concerned were notified and satisfactory measures were taken to remedy the cause of the complaint.

A total of 405 visits relating to fumes and effluvia have been made, comprising visits to complainants, observations, visits to owners and managements, and follow-up visits.

Dust Emissions

The number of complaints received and investigated regarding the excessive emission of dust totalled 65 during the year. Again a number of these referred to the dust from demolition sites. More consideration is being given to this problem by some demolition contractors, and they make an effort to prevent nuisance from dust emissions arising from such operations. Other contractors were approached about the nuisance occurring and advised to take the necessary measures to avoid nuisance. During the year 305 visits were made.

A few complaints of dust emissions were due to the "dust" emitted from drying units at launderettes, or coin operated laundries, the numbers of which are steadily increasing.

When informed of the complaints made, the owners or managements of the premises concerned were readily co-operative in taking measures necessary to overcome the cause of the complaints, and in no case was it found necessary to resort to statutory action.

Pollution Recording Apparatus

Eight pollution recording stations are sited within the City, each station consists of a Standard Deposit Gauge for the collection of solid pollution, and a Lead Peroxide Instrument for the determination of the activity of sulphur oxides in the atmosphere. The accompanying tables and graph are compiled from the readings obtained.

Only two of the stations, Hockley and Spring Lane, showed an increase of solid matter compared with the 1966 figures. Five of the stations showed decreases in solid matter deposited, ranging from a decrease of 4·34 tons at Edgbaston Reservoir to 23·34 tons per square mile at the West Heath pollution gauge station.

Four of the lead peroxide gauges showed an increase in sulphur dioxide activity, whilst one instrument gave the same figure as in 1966.

The pollution recording gauges formerly at St. John's Restaurant, Deritend, were removed to the new site at Bradford Street at the beginning of the year.

TABLE I MONTHLY RECORD OF SOLID MATTER DEPOSITED—EXPRESSED IN TONS PER SQUARE MILE (1967)

Station	*Jan.*	*Feb.*	*March*	*April*	*May*	*June*	*July*	*Aug.*	*Sept.*	*Oct.*	*Nov.*	*Dec.*
Great Charles Street	28·55	43·88	59·54	8·70	64·71	19·60	17·21	23·93	25·68	56·26	36·95	41·47
West Heath	5·50	6·71	8·94	8·34	No Reading	10·97	7·47	5·73	0·90	6·70	6·64	7·16
Edgbaston	8·32	9·24	8·91	10·28	15·48	10·47	11·42	6·46	6·10	6·53	7·59	7·42
Carnegie Institute, Hockley ...	22·45	26·49	21·70	12·83	No Reading	12·45	16·10	11·78	13·56	21·84	26·04	19·06
Spring Lane, Erdington	12·02	11·82	11·21	13·46	No Reading	8·84	9·39	12·12	8·00	13·61	20·20	21·21
Treaford Lane	11·58	9·90	11·04	10·35	No Reading	4·90	7·58	6·47	6·47	7·68	9·26	8·46
Tower Hill	9·14	10·43	9·79	6·16	23·29	7·68	8·63	7·17	7·54	9·72	9·52	8·87
Bradford Street	20·84	29·53	77·19	45·15	34·82	20·71	29·76	22·56	20·87	26·75	24·66	30·87

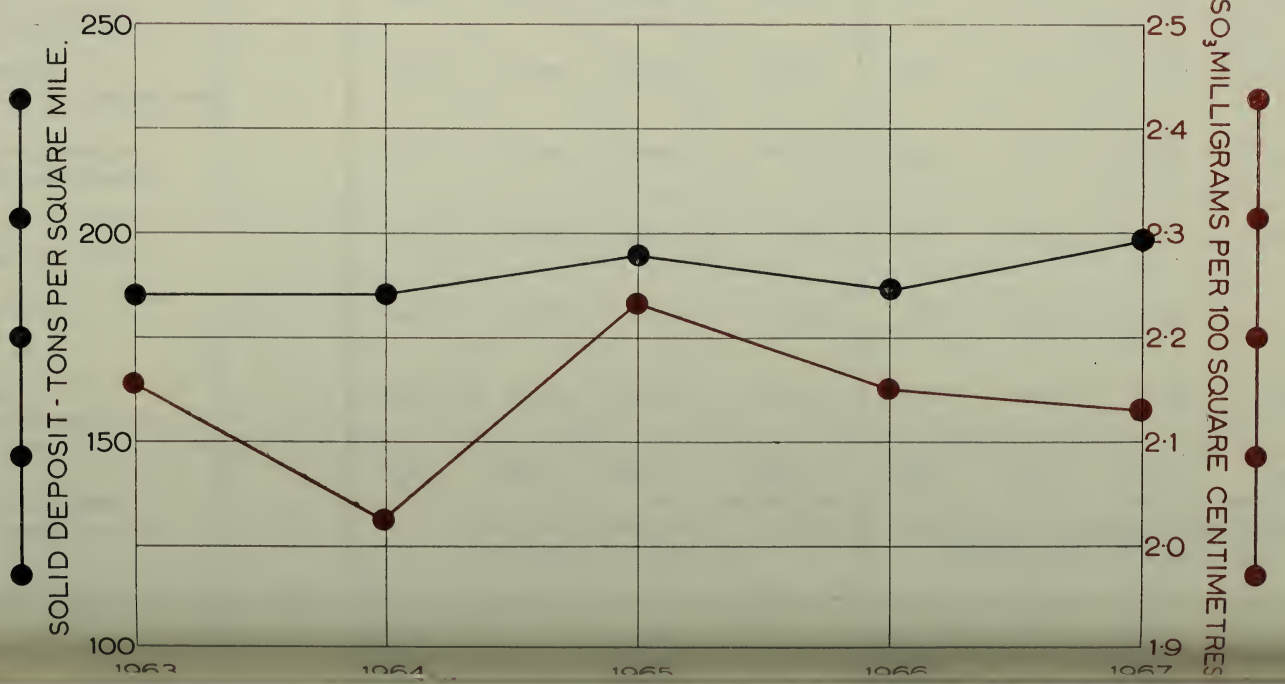
TABLE II MONTHLY RECORD OF SULPHUR DETERMINATION BY THE LEAD PEROXIDE METHOD—EXPRESSED AS MILLIGRAMS OF SO_3 PER 100 SQUARE CENTIMETRES PER DAY (1967)

Station	*Jan.*	*Feb.*	*March*	*April*	*May*	*June*	*July*	*Aug.*	*Sept.*	*Oct.*	*Nov.*	*Dec.*
Great Charles Street	4·81	6·59	6·95	4·43	2·50	1·74	1·82	2·27	2·83	3·71	5·17	5·28
West Heath	1·26	1·18	0·99	1·80	0·72	0·67	0·22	0·31	0·68	0·45	1·22	1·85
Edgbaston	3·08	2·55	1·30	2·87	1·76	1·15	0·61	0·63	1·25	0·91	2·73	2·93
Carnegie Institute, Hockley ...	5·23	5·31	3·50	2·78	3·54	1·71	1·43	1·43	1·62	4·48	4·46	3·92
Spring Lane, Erdington	4·08	4·27	2·18	4·78	2·98	3·12	1·37	1·46	1·78	2·86	4·88	6·63
Treaford Lane	1·78	1·75	1·24	2·49	0·54	0·63	0·43	0·50	0·63	0·97	1·42	1·87
Tower Hill	1·87	1·95	0·94	1·12	0·91	0·63	0·40	0·58	0·73	0·80	1·78	1·63

TABLE III

Station and type of area.	*Yearly total of solid deposit in tons per square mile*				*Sulphur dioxide as mgms of SO^3 per 100 sq. cms of lead peroxide per day.*			
	1965	*1966*	*1967*	*Inc. or Decr. 1966-7*	*1965*	*1966*	*1967*	*Inc. or Decr. 1966-7*
GREAT CHARLES STREET								
Commercial	416·12	441·58	426·48	—15·10	3·94	3·99	4·00	+0·01
WEST HEATH								
Residential	89·65	105·19	81·85	—23·34	1·35	0·95	0·95	=
EDGBASTON RESERVOIR								
Residential	110·24	112·56	108·22	—4·34	2·15	2·15	1·81	—0·34
CARNEGIE INSTITUTE, HOCKLEY								
Industrial and residential	222·41	221·88	222·82	+0·94	2·67	2·69	3·28	+0·59
PUBLIC WORKS DEPOT, SPRING LANE								
Mainly Residential	123·21	125·88	153·94	+28·06	2·21	1·79	3·37	+1.58
TREAFORD LANE, ALUM ROCK								
Residential	136·61	122·34	102·21	—20·13	1·31	1·16	1·19	+0·03
TOWER HILL								
Residential	125·41	124·08	117.94	—6·14	1·39	1·54	1·11	—0·43
BRADFORD STREET (New site 1967)								
Industrial	—	—	383·70	—	—	—	—	—

GRAPH SHOWING THE AVERAGE WEIGHT OF SOLID MATTER COLLECTED BY DEPOSIT GAUGES EXPRESSED IN TONS PER SQUARE MILE PER ANNUM AND THE MEAN DAILY AVERAGE OF THE SULPHUR DETERMINATION BY THE LEAD PEROXIDE METHOD EXPRESSED IN MILLIGRAMS OF SO_3. PER 100 SQUARE CENTIMETRES.



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